Women and Diabetes Town Hall Meeting – May 20, 2003

>>NICOLE JOHNSON: Welcome to this first Women & Diabetes Town Hall Meeting.
I'm Nicole Johnson.
We're delighted to have this important information about this serious disease overtaking our country but share it in a specific way.
Diabetes is different for women.
It's part of what we want to talk about today.
More women have diabetes than men.
In fact, there are 9.1 million cases of women living in diabetes throughout this country.
Now, when you put it all together, that makes about 17 million Americans that have diabetes.
Many of those don't even know that they have it.
That's one of the reasons why one of our goals today is to talk about prevention aspects and early detection and we're also going to move into some discussions about maintenance.
How do you live well with diabetes?
That's our goal.
That's my goal personally because I've been living with type 1 diabetes for over 10 years now.
This is very relevant in terms of the various things that I'm embarking upon in my life as a woman with this condition.
I want to share a couple of other things with you before we get started.
One of the reasons why we like to say that diabetes is serious is that it costs our nation over $132 billion a year.
$132 billion a year.
That is unbelievable.
Something can be done to stop that.
Hopefully we'll trigger some of those pieces of inspiration and motivation in the hearts and minds of everyone involved in this event here today.
We have more than 70 satellite downlink sites all across the country and we would like to welcome each and every one of you at those sites participating in this discussion with us.
Again, we're thrilled to have the opportunity of the American Diabetes Association partnering with the various HHS agencies.
It never happened before and hopefully this is the beginning of great things to come.
As I said, one of the topics in the stated goals and objectives meeting, how it affects during women in the reproductive years and the older years of our lives.
Diabetes is different in the lives of women.
To help us kick off this meeting today, though, we have some experts in the field.

And I would like to introduce them to you and invite them to bring greetings and comments to you this morning.
The first person that is going to share some information with us is Dr. Cristina Beato, the principal Deputy Assistant Secretary with the Department of Health and Human Services.
She directs the eight public health services in the department.
She maintains relationships with other government agencies and private agencies concerns with health.
Please welcome Dr. Beato.
[APPLAUSE]

>>CRISTINA BEATO: Good morning and thank you, Nicole.
Welcome, participants, members of Congress, members of the diabetes association for this great partnership and others for joining us today as well as our viewers.
In person and by satellite to focus on something very, very important and that's Women & Diabetes.
As Nicole has said women are affected differently by diabetes and effects almost 10 million women in our country today.
Some of them don't know they have the disease.
I thank you for the many groups across our nation hosting a diabetes town hall by satellite broadcast that their communities may also participate in this historic event.
I want to thank HRSA and our department and I want to thank them for hosting this live webcast.
We're delighted to have your support in our efforts to reach people beyond these walls.
As Nicole has mentioned, I'm Cristina Beato, the Principal Assistant Deputy Secretary of Health of Human Services.
I serve as the principal adviser to Secretary Tommy Thompson, who was an incredible passion for diabetes.
He as well as President Bush have an incredible commitment to women.
I want to highlight that here today.
Secretary Thompson is not able to join us he is in Geneva but he would like to that all of you for your participation in this event which indeed is the first of such events and we hope to make it the first of many more to come focusing on diabetes and women.
The health of our nation, the health of our women in our nation is a critical part of the president's healthier U.S. initiative.
Steps to a healthier U.S. is department is taking unprecedented steps to research and initiatives to better understand, prevent and treat diabetes.
Prevention is going to be a key focus also here today.
We're pleased to see the emphasis placed in partnerships, public/private partnerships are the future in promoting the prevention of diabetes.
I want to take a few moments to recognize the coordinating committee.
Dr. Jones, Dr. Wood for the critical success of this town hall.

Diabetes is a serious health concern for American women.
About 17 million Americans have it.
Like I said over 9 million, almost 10 million women do.
Many of them are pre-diabetes.
We hope they can be spared the disease.
If left untreated, as many of you know, it causes heart disease, stroke, blindness, kidney failure, amputations of the leg and feet.
Complications of pregnancy and deaths that can be prevented.
These complications, my fellow Americans, can be prevented.
With the help of everybody in this room we hope to reach out to American women and help them take care of themselves and save their lives.
Thank you.
[APPLAUSE]

>>NICOLE JOHNSON: Thank you so much, Dr. Beato.
We're so proud to have her at the helm of the leadership and the wonderful job she's doing.
I would like to introduce to you Francine Kaufman.
The president of the American Diabetes Association this term and professor of Pediatrics in southern California treating lots of those sweet little children who have diabetes.
Dr. Kaufman.

>>FRANCINE KAUFMAN: Good morning.
On behalf of the American Diabetes Association I'm thrilled to be here and thrilled to partner with Health and Human Services and the Caucus on Women's Health and the Diabetes Caucus of Congress and our incredible panelists to really emphasize that women are markedly affected by diabetes and, of course, more women have diabetes than do men.
In my practice in Los Angeles, as a pediatric endocrinologist I see babies diagnosed with diabetes.
They learn to walk already burdened by this disease.
I see teenage girls who must struggle with their adolescent development and learn how to care for their diabetes as well.
And I see women every day with really struggling to care for themselves, their families, to have their jobs and to really deal with their diabetes.
These women are burdened with so many responsibilities that sometimes they have trouble really caring for themselves.
Really finding the time and the health care providers who can give them what they need to be healthy and well.
As a result, diabetes really extracts and incredible toll on women.
It affects not only their eyes, kidneys and nerves and reproductive health but also their cardiovascular system.
It can lead to strokes and heart attacks.
As a result of this, they often are unaware and they suffer needlessly as a result.

It is about these women today, about these girls who will eventually become women that we are all gathered.
To make the higher risk of diabetes affecting women known to all.
And the poor prognosis for women with diabetes also known to everyone.
To our policy makers, to our health care providers, and to each and every American, on behalf of the American Diabetes Association, the 17 million Americans affected with diabetes, the 9 million of whom are women, I am so glad that you are all with us today and that you are concerned and committed to making an impact on this epidemic.
Thank you.
[APPLAUSE]

>>NICOLE JOHNSON: Thank you so much, Dr. Kaufman.
We're fortunate to have her leading the American Diabetes Association at this time.
The next individual that I would like to introduce to you is George Nethercutt.
He's the co-chair and founder of the congressional Diabetes Caucus, the largest caucus on the hill.

>>GEORGE NETHERCUTT: Ladies and gentlemen, good morning.
I'm pleased to have the chance to be with you and sit with this panel and to be certainly recognizing the support of the sponsors, especially the American Diabetes Association on this very important convention of women who are focusing on diabetes and focusing the nation on the impact that diabetes has on our female population.
As Nicole said, I have a very special person in my life, my young daughter, who is 22, Meredith.
My wife and I are so proud of her.
She was touched by diabetes when she was at the age of six.
So we've been, as a family, working toward a cure for diabetes for these last 16 years with the hope and expectation that we will, in fact, have a cure for not only our daughter, but the 9 or 10 million other women in this country who are touched by diabetes.
Today I will introduce, along with my dear friend Congresswoman DeGette from Colorado who is the co-chairman of the Diabetes Caucus in the house, a resolution that says this.
It's a house concurrent resolution that expresses the sense of Congress that the proposed recommendations of the national public health initiative on diabetes and women's health should be funded and implemented by the appropriate agencies and organizations.
I want to leave here now and go introduce that as soon as we finish this morning.
[APPLAUSE]
What this concurrent resolution does is signal to the country that diabetes and women's health are number one on our list of concerns for now and in the future.

No other disease, I would argue to you, has a profound impact on our country and as profound an impact on women as diabetes.
It takes 25 cents out of every Medicare dollar that is spent is consumed by diabetes.
It affects our productivity in this country, it affects our sense of happiness in this country and it is in our national interest to cure this disease and focus on its impact on women.
So on behalf of the Diabetes Caucus, on behalf of the men and women of the fifth Congressional district and all of us in the House of Representatives.
This is a critically important issue that we must address this Congress and next year and every year following until we find a cure for this disease and relieve the burden of it on the women of the United States of America.
God bless you.
Thank you for having me today.
[APPLAUSE]

>> NICOLE JOHNSON: Thank you so much, Congressman Nethercutt.
Our next individual is Congresswoman Diana DeGette from Colorado.
She is a member of the women's caucus as well, which is both caucuses are helping co-sponsor or be involved in this event here today.
But also Diana has very special family connections to this condition that tug at her heart on a daily basis.

>>DIANA DEGETTE: Thanks, Nicole.
I'm delighted to be here with my friend George and all these other wonderful folks and I'm mostly delighted that you're here.
I want to thank all the organizations that have sponsored this great event.
George mentioned that the Diabetes Caucus is the largest caucus in Congress.
We're very proud of that and whenever we hear that some other Congress is signing up members we quickly go get a few more so we remain the largest caucus in Congress.
The great advantage of this is so often people hear of Congress's fighting and all this partisanship.
Really on this issue we have -- you can tell George and I have an extraordinary partnership and we have an extraordinary partnership across the aisle to bring about a cure for this disease.
My 9-year-old daughter has type 1 diabetes.
She was diagnosed with diabetes when she was four years old when I was just a new member of Congress.
So what I said and what I always still say is, I'm determined we'll have a cure for this disease before I retire.
I'm not going to retire until we get a cure.
I would like to retire someday so we're going to have a cure very soon.
And I want to thank all of you for participating in this.
According to the American Diabetes Association, about 9.1 million, or 8.9% of all women in the United States have diabetes.

But a third of them do not know it.
And as all of you know, the complications of diabetes, like blindness, kidney disease, amputations, heart attack and stroke cause diabetes to be the fifth deadliest disease in the United States.
Women with diabetes have increased risks of complications during pregnancy.
Many women who do not currently have diabetes develop gestational diabetes.
Now, that develops in 2% to 5% of all pregnancy but disappears when it's over.
However, women who have had guess national diabetes are at increased risk for developing type 2 diabetes later in life.
We have a big job.
The issue we have to deal with is not just type 1 diabetes but also gestational diabetes and type 2 diabetes which is increasingly affecting more and more of our young women, even children.
And so we have a big job.
I know the experts today will tell us many important pieces of information to help cure this disease.
And I just want to thank everyone again for all of your commitment to this and for being here today.
Thank you very much.
[APPLAUSE]

>> NICOLE JOHNSON: Thank you so much Congresswoman DeGette.
On behalf of all the organizations helping sponsor this event today we want to express our gratitude to both of you for the hard work you do on the issue of diabetes and for introducing the information you're introducing later today.
We'll view some PSA's from the American Diabetes Association and other organizations.
Please enjoy them.

>>PSAs: If you have diabetes, you know you have an increased risk of kidney disease, blindness and amputation.
But did you know that two out of three people with diabetes die from heart disease or stroke?
Fortunately you can reduce your risk of heart disease and stroke by lowering your blood sugar, blood pressure and cholesterol.
If you have diabetes, ask your doctor to tell you more about the link between diabetes, heart disease and stroke.
Call us.

>> Eight, nine, ten, ready or not, here I come.
>> Diabetes is a serious disease that can rob you of the things you take for granted.
You can lose a foot or leg to amputation.
You can go blind.
But there are steps you can take to control this disease.
Have your eyes checked once a year.

Check your feet for cuts or sores every day and at every checkup.
If you have diabetes, find out what you need to know from head to toe.
Call 1-800-diabetes today.

>> Diabetes and not even know it?
>> Why would I want to know.
>> Heart disease, amputation, stroke, blindness can all be caused by diabetes.
With early detection and treatment diabetes can be kept under control.
So it's critical that you know.
>> I didn't know.
>> Didn't know.
>> I didn't know.
>> Find out if you're at risk.
Don't be blind to diabetes.
Call 1-800-diabetes now.
>> You don't have to knock yourself out to prevent diabetes.
Get real.
If you're over 45 and overweight you can prevent diabetes.
Loose 5% to 7% of your body weight.
Get 30 minutes of physical activities five days a week and eat healthy.
Take the first step.
Talk to your health care provider.
Prevent diabetes.

(Spanish language PSA)

>>NICOLE JOHNSON: Aren't those incredible?
Those are some of the wonderful tools we're able to use collectively to get the information out about diabetes and what can be very serious about this condition.
It's time to begin.
I hope you're excited about this first panel like I am.
It's titled the prevention of diabetes.
You'll hear so many incredible things from this highly esteemed group of individuals on the platform.
Let me first introduce the moderator of this panel.
Our moderator is Dr. Judith Fradkin.
She's director of the diabetes, endocrinologist and metabolic diseases at the National Institute of diabetes and digestive and kidney diseases.
She's created or directed a diverse array of high impact clinical and basic research programs including multi-center ERD clinical trials, diabetes, cystic fibrosis research center.
Many other things.
She came to NIDDK as a clinical associate a little while ago.
Won't tell you when.
But after -- that was after an endocrinology fellowship at Yale University.

Dr. Fradkin is the 2003 recipient of the American medical institution's Dr. Nathan Davis award for outstanding public service in the advancement of public health.
Please welcome Dr. Judith Fradkin as the moderator.
[APPLAUSE]

>>JUDITH FRADKIN: Thank you, Nicole.
As Nicole mentioned, 25 years ago, I chose to specialize in endocrinology.
In significant part because there was so much that health care providers could do to improve the health of those with diabetes.
This is even more the case today as clinical trials have demonstrated effective therapies at every stage of the disease.
Most recently, the diabetes prevention program, a nationwide clinical trial of over 3,000 participants, showed that type 2 diabetes can be prevented or delayed in people who are overweight and have pre-diabetes.
A condition in which blood sugar levels are higher than normal but not as high as in diabetes.
You've heard that most people in this country with diabetes are women.
And 2/3 of the people in the trial were women.
Many of them had developed diabetes during pregnancy.
We call this gestational diabetes.
Though it resolved after the pregnancy, women who have had it are at high risk for developing diabetes later in life.
In addition to the 2/3 of the participants being women.
Many were members of minority groups at increased for diabetes and 20% were older Americans.
In the diabetes prevention program, the group that was given standard advice about diet and exercise developed diabetes at the rate of 11% per year.
More than one in ten people in the program developing diabetes every year.
In the medication treatment group the drug reduced the risk of diabetes by 31%.
However, the lifestyle treatment group did much better.
Development of diabetes was reduced by more than half.
A dramatic 58% decrease over three years in the group that was given expert help in losing weight and increasing activity.
Moreover, 1/3 of those with pre-diabetes in the lifestyle group reverted to normal glucose tolerance.
The trial was halted a year early so all the participants could be helped to make the lifestyle changes that were proven to prevent diabetes.
What were these changes?
Participants were asked to walk for half an hour five days a week and to lose 7% of their body weight.
That weight loss for a person who weighs 200 pounds is a 15-pound weight loss.
They didn't have to become marathon runners or achieve their ideal body weight to prevent diabetes.

Even modest changes in activities and weight yielded dramatic benefits in this trial.
These benefits were seen in every racial and ethnic group and in every age group.
In fact, the lifestyle changes were particularly effective in older participants, reducing the risk of diabetes by 72%.
This is particularly important for women because women, of course, make up the majority of older Americans and the rate of diabetes dramatically increases with age.
In fact, one in five Americans over 65 have diabetes and another one in five have pre-diabetes.
These dramatic effects from the diabetes prevention program have tremendous implications from women who had gestational diabetes to older women who have pre-diabetes that are at risk of developing diabetes.
My institute, the National Institute of Diabetes and Digestive and Kidney Diseases which Nicole suggested should be spoken of with an acronym, has sponsored the trial and is now working with the CDC and over 200 partner organizations in the national diabetes education program to get the message out about what it takes to prevent diabetes.
We call this campaign, small steps, big rewards.
And we've developed a toolkit, we call it your game plan for preventing type 2 diabetes.
This tool kit was created by the same researchers who created the lifestyle program used in the diabetes prevention program.
It includes calorie and fat counters.
Diet and activity trackers, and help with getting started and sustaining the changes in diet and activity that were so successful in the diabetes prevention program.
Everything that's in this kit is what worked in the trial and you can get this kit from our website, WWW.MDEP.org or by mail by contacting the NIDDK.
The past decade has seen a huge surge in the number of Americans with diabetes, as our population has grown increasingly overweight, more sedentary, older and increasingly diverse.
We now have proof that this rising tide of diabetes can be halted and we have the tools to delay or prevent this devastating disease.
I'm very pleased now to turn to our very distinguished panel to share their personal experiences ---I'm very pleased to introduce Yvette Freeman, an actress, celebrity and star in the television series "ER."
Yvette.
[APPLAUSE]

>>YVETTE FREEMAN: Hi.
Preventive measures, signs and what does that have to do with me?
Well, I can't remember when I wasn't overweight.
In fact, two years ago, I was at my top weight of 257 pounds.

So when did it hit me that I needed to make a change in my life to become healthy?
I had signs from everywhere telling me to make this change.
I had medical signs.
All my doctors told me, lose the weight or you will wind up with type 2 diabetes and severe heart problems.
I already had hypertension.
Did I listen to them?
No.
Being heavy hadn't stopped my career.
In fact, I believed it helped me.
You know, it helped me to stand out from the crowd.
And I even received an OBEY award.
Like a Tony, for playing an overweight jazz singer.
The legendary Diana Washington.
Boy, could I relate to her problems and her battle with weight.
But that battle killed her.
She died of heart problems from the abuse of diet pills.
Now, did I look at that sign?
Did that land with me?
No.
So what did send me off to my weight loss journey?
Why did I take myself through the pain and deprivation of dieting?
Let's not call it dieting, let's call it weight management.
Like the media, it skews the weight problem.
They say thin is attractive.
For me, I thought I was the sexiest thing going with my 250 pounds, thank you very much.
I had a husband.
Yes, I found a man that loved me.
And that's the key.
He loved me, the inner me.
And he liked the outer me, too, but he loved the inner me.
But he wanted me to be healthy.
You know something?
We had the biggest argument about food.
Butter, to be exact.
I wanted to put more butter on my bread and he thought I had enough.
Lord, don't stop me.
Restrictions, you do not do that.
Well, we worked through that problem.
I saved my marriage.
Restrictions.
Let me tell you more about restrictions.
I grew up in a diabetic household.
My father had adult on set of diabetes and that changed my whole family's life.

My mama was in total control of our food.
And she followed every word and dietary restriction that was ever uttered for diabetics.
Every Sunday night the whole family would gather in front of the television and look at the nice little show like hallmark hall of fame or something like that.
We would get a great big old bowl of ice cream.
Well, because of my father's diabetes, my mama, trying to save his life.
Substituted that great big bowl of ice cream for a bowl of diet jello.
I mean, I really got pissed at my mother, who was trying her best to save my dad, who resisted being saved.
But thank god for my mama.
In spite of my father, she did keep his diabetes under control.
But the sad thing is, I took from that time of my life was an aversion to anyone attempting to control my food.
So I really didn't grasp the signs of the life-altering effects of diabetes, only that it caused severe food restrictions.
Something is wrong with that.
Don't get me wrong.
I really did try to lose weight but I tried to lose weight the cosmetic way.
You lose 20 pounds and go to the wedding and look good or to your high school reunion.
When the event is over, you start gaining that weight back.
And your health is even more in jeopardy.
So I needed some signs that would really make me get ahold of my life.
And I didn't have to look too very far.
Diabetes was all around me.
My sister, my sweet older sister was diagnosed with diabetes.
Tell me if that's not getting close.
Did I listen and pay attention to that sign?
No.
My brother-in-law, he's a diabetic.
And I watched my brother-in-law struggle with his diabetes and one time he asked me, he said, could you go to my podiatrist with me.
Could you sign some autographs?
And I said sure.
I walk in there and he's sitting up there with the doctor and the doctor is working on his feet and I'm signing autograph and I'm being cute.
When you get through giving him the pedicure, give me one, too.
The doctor told me and informed me that my brother-in-law comes in twice a month to have his toe checked for ulcers that could lead to infection, that could lead to amputation.
That could lead to death.
That was more information than I needed.
But it really got me thinking.
Death, diabetes, death, diabetes.
Did I stop in did I change my diet?

But I had a close friend, a close diabetic friend.
He went into the hospital for a minor surgery, which took a long time to heal.
So long that he laid in that hospital bed and got a sore on the heel of his foot, a tiny or.
And because of his diabetic condition ended up becoming gangrene.
They took off that leg and then they took his other leg.
He had eaten away his life and he no longer wanted to live.
Then his kidneys went and he died.
Lord, I could no longer ignore the signs.
I finally had to look at my life, all those signs.
My father, my sister, my brother-in-law, my friend.
I finally had to open my eyes and read the signs and take care of my life.
Wouldn't it be wonderful to catch the disease before it started?
I mean, I till had a chance and I took it.
I took responsibility for me.
I could have prevented the weight gain and all the damage to my body if I had only taken responsibility for myself.
I had to nurture, love and care for myself.
I got into a program at UCLA.
There are programs all over this country that will help you to lose the weight.
But you have to care for yourself.
That is preventive measures.
And I thank you very much.
[APPLAUSE]

>> JUDITH FRADKIN: Thank you very much for that truly inspirational life story.
We appreciated you sharing it with us.
One of the groups in America that is affected to the greatest degree by diabetes is the American Indian population.
We were very pleased to have included a substantial representation of American Indians in the diabetes prevention program I told you about.
And we're pleased to have a particular research station out in the PIMA country studying the group that has the highest prevalence of diabetes of any group in the countries.
One of the things we've learned from the group that is disturbing for women.
As diabetes is occurring in younger and younger ages in the American Indian population we're finding it's affecting women before they reach reproductive age and they're passing that burden onto their children through the effects of diabetes during pregnancy.
We're very fortunate to have a very, very dedicated physician, Dr. Kelly Acton, who serves as the director of the diabetes program at the Indian Health Services.
She's been working very hard and with unbelievable dedication to improve health care for American Indians with diabetes and now with the DPP to try to prevent the development of diabetes in the American Indian population.

>>KELLY ACTON: Thank you for having me here.
It's my pleasure to be here and tell you a little bit about what we're doing in the Indian Health Service to try to address diabetes and to prevent diabetes.
19 years ago when I entered the Indian Health Service as an internist, as a doctor of internal medicine is, I went out to the reservations in Montana and being the only internist, I was the person who got to see most of the adults with chronic disease.
And I was trained in Philadelphia, had seen some diabetes, but I couldn't believe the amount of type 2 diabetes I was seeing.
It seemed to me very disproportionate to the other chronic diseases I was seeing.
As I learned more that native Americans have the highest rate of type 2 diabetes in the world and NIH has done a study in the southwest trying to look at the causes of this and trying to help us figure out what it is that makes it such an epidemic in Indian communities.
Women bear a higher burden of diabetes than men in the American Indian community.
Some Indian communities have rates as high as 60% in the adult population.
That's a very high rate.
And as Dr. Fradkin told you, one of the things that has been shown in the PIMA study is that women who have diabetes during pregnancy pass on a pre-disposition to their children.
A child born of a diabetic pregnancy has a nine times greater chance of having type 2 diabetes by the time they're 20 to 25 years old.
Their prime child bearing years.
If they develop diabetes at that age, then their children end up having that higher risk and it sets up a vicious circle.
We would like to prevent diabetes all together or at least delay type 2 diabetes until after these women hit their child bearing years so we can try to break that vicious cycle.
One of the saddest things I can tell you about today is that fact that we're measuring type 2 diabetes, which is supposed to be an adult disease, in younger and younger children.
We've diagnosed in some Indian communities in children as young as four years old and we've seen a 76% increase in this disease in 11 years in the younger population.
So it's very concerning to us.
But I can tell you about two good things that have happened in the last six years.
The first thing is that Congress, led my Mr. Nethercutt, Ms. DeGette and others, Congress has given us additional money and told us to use it in the Indian Health Service to prevent or treat diabetes.
What we've been doing for a long time is kind of working along with this epidemic, getting behind on treatment so we didn't have friends to work on prevention.
Well, in 1998 that changed.

Congress started the special diabetes program for Indians, gave us $30 million a year to start with, increased that to $100 million a year.
The American Diabetes Association, our very good friend, was instrumental in helping us increase that amount.
It will now increase to $250 million a year.
I want to tell you a good thing.
I'm not here to tell a bunch of statistics but some good things happening in Indian communities.
What I want to tell you is that as a result of these new funds, when we had almost nothing for prevention before they came along, we now have 70% of our programs telling us that they are working in ways to prevent diabetes in children and youth.
They have specific programs, specific approaches trying to prevent diabetes in children and youth.
74% of our sites now offer physical activity programs for children and for families.
82% of our programs now offer nutrition services for children and families who are at high risk for diabetes.
82% of these programs offer counseling for people who are at high risk.
If you think you're at high risk.
It used to be in the Indian communities you didn't have a place to go to talk to people until you had the disease.
Now we offer counseling.
85% of our programs have diabetes awareness programs for the whole community to try to increase everybody's knowledge about their risk and 91% of programs in American Indian communities focus on some type of diabetes awareness for the whole community.
So we're very proud of those results and we're very grateful to Congress for giving us additional money to work on prevention.
The other good thing that's happened is in the last year -- two years the DPP, the diabetes prevention program, was published and what does that mean?
There were American Indian participants in that study.
When I and others go out and talk to American Indian communities about prevention we don't have to speculate that it's possible to prevent diabetes in American Indians.
We know.
It's been shown and proven scientifically.
So what we do now is we're out working, we the diabetes program, are out working to try to translate what they did in that study into the real world.
We're trying to figure out ways to take the techniques and the message that they learned, the curriculum that they used, and make it culturally acceptable for our communities and then give this to communities to use in their attempts to prevent diabetes.
Tribes have been telling us for years that their top priority is to prevent this disease in the children and youth.
We now are tools and we now have methods to do that.

The two things that the American Indian participants have told us, though, with all the other tools that were helpful to them, the things that they found the most helpful were the support and the coaching that they received through the study.
And that's something new.
We're trying to figure out how to use that information to provide that kind of support.
Obviously we can't hire a counselor for everybody or a best buddy.
We would like to figure out a way to get that support and coaching to people.
Maybe it's people who have diabetes themselves who can give inspiration to folks.
One thing I want to leave you with is what has really changed.
In Indian communities it used to be a very fatalistic view.
People would get diabetes because it was such an epidemic.
These two new things that have come along have offered hope.
There is a lot of hope in Indian communities now that we can prevent this disease.
Thank you.
[APPLAUSE]

>> JUDITH FRADKIN: Thank you, Kelly for sharing the insights about the American Indian community and for all your good work in that community.
As Kelly mentioned, it's very important once we've done a clinical trial to give people the tools and the methods to translate that into the broader community.
And the NIDDK is very committed, having supported these trials, for giving people those tools.
Part of the way we do that is through the support of diabetes control and prevention programs.
One of the very talented researchers that we support through one of those diabetes control programs is Martha Funnell.
She's the Director of Administration at the Michigan Diabetes Research and Training Center in Michigan.

>>MARTHA MITCHELL FUNNELL: Thank you.
Good morning.
Along with being an administrator, I actually have a better part of my job and that's working as a nurse educator.
Whether I'm at our center in Ann Arbor or working in some of our funded studies in African-American and Latino patients.
A question that women in the audience always ask me is will my children get diabetes?
Will my grandchildren get diabetes?
Is there anything I can do to help them prevent this terrible disease?
I'm very pleased to be able to tell them that the answer is yes.

I can talk with them about the results of the DPP and tell them that diabetes truly can be prevented or delayed.
So I cannot only tell them that their story of diabetes can be different than their mother's or their grandmother's, which often included blindness, amputations or heart disease.
But that their daughters and granddaughters need not include diabetes at all.
There are three areas we need to address if we're TRULY going to address diabetes.
The first is education.
We need to let people know that they can do something.
Women have always played a particularly important and unique role in the health of their families.
As caregivers and caretakers.
They can help to ensure healthy spouses, healthy children, and healthy grandchildren.
So the American Diabetes Association is working very hard to get the message to women.
One of our key strategies is partnering and participating in the NDEP campaign called small steps, big rewards.
We worked with the FDA Office of Women's Health last year and the national association of chain drugstores to create an important initiative for women called, take time to care.
We created educational brochures recipe cards for women.
It was such a successful program that we plan to do it again this year.
We also need to make sure that the messages we give are targeted and presented in ways that best meet the needs of at-risk populations.
So we're providing materials at a variety of literacy levels and that are culturally specific and appropriate.
Along with the many materials you see, we have created several different levels of materials and programs for our participants.
We have one series of low literacy materials called, the channel series, that are based on the idea of popular television shows.
These include a great deal of emphasis on the behavioral aspects of both the care of diabetes and its prevention.
We also have designed a series of patient brochures entitled, weight loss matters.
We're trying very hard to get the message out about the importance of keeping your weight where it needs to be.
We are also designing professional materials to go with this so doctors and nurses can do better than simply tell people to lose weight.
That we can offer them some specific ideas about ways that they can be helpful to people who want to truly take control of their weight.
We also have a series of programs targeted at specific communities.
Our African-American program, which includes project power, a faith-based initiative for women with diabetes, our Latino program which developed a new component targeted to women entitled, everybody dance for your health.

And awakening the spirit, our Native American program.
Finally, we need to focus more of our efforts on research.
And the ADA and the NIH both are working hard to not only look at the preventive aspects from a behavioral perspective but also looking at the genetics and the biochemistry of type 2 diabetes so we can do the best job we possibly can.
We learned several strategies from the DPP that help people with diabetes make changes.
We know that people need help and ongoing support in order to sustain what they can initially do.
I'm currently an investigator on a study among African-American and Latino women who are pregnant.
We're hoping to prevent gestational diabetes by providing the education and support they need through home health workers so that their future health and that of their babies will truly be improved.
Finally, as policy makers you have a critical role.
You make it all possible.
You have made a huge difference in the past few years by providing Medicare coverage for supplies, education and nutritional therapy.
I was recently on a panel with two people over 65 with diabetes.
And when they talked about their early struggles and their current state of health, they were asked what made the difference and they both immediately said, education.
On their behalf.
I thank you.
But there is more to do.
Working with the members of the Congressional Diabetes Caucus, the ADA helped to develop the diabetes prevention action and care act.
It was developed to address the epidemic of diabetes in communities of color.
If passed, this legislation would help these communities promote and improve research, education, treatment and most importantly, prevention.
Type 2 diabetes is indeed preventable.
We need to educate, we need to continue our research efforts and we need to be sure that our policies support this important and essential effort.
Thank you.
[APPLAUSE]

>> JUDITH FRADKIN: Thank you very much, Marty.
I thank all three of our panelists from sharing their perspectives, it's a huge problem but one we can solve if we work together.
It's wonderful to be here with all the partners I've enjoyed working with.
The American Diabetes Association, our partner in research and then in translation of the benefits of that research to the American people, the other components of the Health and Human Services administration, our partners on the hill.

It's really wonderful to be here with all of you and share information today about women and diabetes.
We're now going to have some public service announcements shown on the video.
I'm sorry.
Would anybody like to ask any of our panelists questions?
I didn't realize we had that opportunity.
Yes.
I'm having a little trouble seeing here.
There are four mikes.

>>AUDIENCE QUESTION: I'm a Congresswoman from Los Angeles California and a diabetic.
I was listening closely.
The only time I heard the African-American community mentioned was in a study of African and Hispanic American women.
We have formed our own association called the National Association of Diabetics.
We're finding the ADA did not do outreach into a community that has the largest number, largest propensity toward diabetes.
Can someone inform me if there is a program that targets African-American women throughout the United States?

>>JUDITH FRADKIN: Marty?

>>MARTHA MITCHELL FUNNELL: Thank you.
I'm -- as I mentioned, there is a program through our African-American program called project power that is targeted specifically for women with diabetes in the African-American community.
It's a faith-based or church-based initiative and is really an outgrowth of our diabetes Sundays which were focused around awareness.
But the project power is designed to help women in the African-American community learn more about diabetes, take control of their diabetes, and also to provide outreach to prevent diabetes.
This is a relatively new program that is just beginning.

>>AUDIENCE QUESTION: Is the program under the ADA or from the Department of Health and Human Services?

>> MARTHA MITCHELL FUNNELL: It's under specifically the American Diabetes Association.

>>AUDIENCE QUESTION: All right.
And the program for women is there.
What about the program for African-Americans nationally?

>>MARTHA MITCHELL FUNNELL: The program for African-Americans, the women's program is part of the larger program.
And so we would appreciate any help and support that you can give us in terms of getting the word out that this program is available and we would be more than happy to work with you in that regard.

>>AUDIENCE QUESTION: I would like materials on it.
We're trying to promote the prevention and then the care.
And we really need to have some activism from the ADA in our communities.
We can do it through our churches but our churches today do not reach the entire African-American population.
Sadly to say that it is one channel but we need to do some publicizing nationally and so we can work on that.
Thank you.

>>MARTHA MITCHELL FUNNELL: Thank you.
We would be more than pleased to work with you on that.

>>JUDITH FRADKIN: Congresswoman, you didn't ask about HHS programs in particular but I would like to just mention that the chairman of the National Diabetes Education Program is Dr. Jim Gavin.
A former president of the American Diabetes Association, was very instrumental in creating the diabetes Sunday programs that the ADA did and he's now providing leadership for the translation of the diabetes prevention program.
The national diabetes education program also has six specific minority working groups, including one focused on African-Americans, which is led by a woman who is a leader in the links, an African-American woman's organization.
So that organization has been very involved in reaching out to the African-American community and we're hoping through Dr. Gavin's leadership to start partnering with an organization, 100 concerned men.
There was a very large representation of African-Americans in the diabetes prevention program.

>>AUDIENCE QUESTION: I'm from the Office of Women's Health at FDA.
I would like to also invite you to participate in the take time to care about diabetes program.
We have a national campaign that will be kicked off in October of this year so any partnerships that you would like to -- at the FDA Office of Women's Health the take time to care program which was mentioned.
We also have a website and we also have brochures.
For example, of what programs we have done.
And also -- guess it's all the Congress people.
But we have an October campaign and we would welcome any partnerships that you would like to, you know, be a part of.
If you can contact our office we would appreciate it.

>>JUDITH FRADKIN: I want to thank again our questioners who brought forward some very important points.
We don't have time for additional --

>>AUDIENCE QUESTION: Can I make a brief comment? I think they raised an important point.
Diabetes has not received the kind of resources that it needs.
And I think that is probably as important a point that you've made as any.
And the point that Kelly made about the impact of money in the Native American community can be correlated to the lack of or perceived to be a lack of attention in other communities of color.
The diabetes prevention act and care act which Marty mentioned is designed to get resources into these communities in order to fight diabetes and it was drafted by the American Diabetes Association.
You're a co-sponsor of the bill, a very important co-sponsor.
It's that kind of legislation that will make a difference.

>>JUDITH FRADKIN: Let me mention the last comment was Mike of the American Diabetes Association.
Thank you to the panelists and the audience.
It's been a pleasure to be here this morning.
[APPLAUSE]

PSAs:
>> Increased risk of kidney disease, blindness and amputation.
Did you know that two out of three people with diabetes die from heart disease or stroke?
Fortunately, you can reduce your risk of heart disease and stroke by lowering your blood sugar, blood pressure and cholesterol.
If you have diabetes, ask your doctor to tell you more about the link between diabetes, heart disease and stroke.
Call us.

>> Eight, nine, ten, ready or not, here I come.
>> Diabetes is a serious disease that can rob you of the things you take for granted.
You can lose a foot or leg to amputation.
You can go blind.
But there are steps you can take to control this disease.
Have your eyes checked once a year.
Check your feet for cuts or sores every day and at every checkup.
If you have diabetes, find out what you need to know from head to toe.
Call 1-800, diabetes today.

>> You mean I could have Diabetes.

>> And not even know it?
>> Why would I want to know?
>> Heart disease, amputation, stroke, blindness can all be caused by diabetes.
With early detection and treatment diabetes can be kept under control.
So it's critical that you know.
>> I didn't know.
>> Didn't know.
>> I didn't know.
>> Find out if you're at risk and what to do.
Don't be blind to diabetes.
Call 1-800, diabetes.
>> If you're over 45 and overweight you can prevent diabetes.
Lose 5% to 7% of your body weight.
Get 30 minutes of physical activity five days a week and eat healthy.
Take the first step.
Talk to your health care provider.
Prevent diabetes.

(Spanish language PSA)
END OF PSAs.

>>NICOLE JOHNSON: Okay.
Welcome back.
More PSA's put forth by the American Diabetes Association and the various agencies helping to co-sponsor this event.
Another one of our efforts in terms of trying to educate people about this condition and how to take control and take charge of it.
Now I do want to remind everyone that it's both here in this room and watching via satellite, this broadcast is going to be archived on the website which is WWW.MCHCOM.com.
It will be archived there.
You may want to make a note of that to refer back to the information.
Also to find more information about all of these various topics that we're speaking of, one resource is the website for the American Diabetes Association which is diabetes.org.
As we move into the next panel discussion, it's about managing your life with diabetes and preventing its complications.
That certainly is the aim and the goal of each and every one of us.
The moderator for this session is Dr. Francine Kaufman, there with a quote I found by Eleanor Roosevelt that explains what Dr. Kaufman does.
The future belongs to those who believe in the beauty of their dreams.
One of her dreams is taking care of and making sure people with diabetes can live wonderful, healthy, active, vibrant lives.
Let me mention that she's the president of the American Diabetes Association.
She's also professor of Pediatrics at the University of Southern California.

In 1998 -- since 1998 she's been the head of the Center for Diabetes, Endocrinology and Metabolism at the Children's Hospital in Los Angeles.
She's been funded by the National Institutes of Health since 1980 and her research has been varied.
Focused on many aspects of the diabetes including prevention, treatment and complications.
Presently she's the chair of a new NIH-funded trial called Stop T-2.
The strategies to prevent and treat type 2 diabetes in children which, again, is Dr. Kaufman's passion.
She was a principal investigator in the diabetes prevention trial for type which I was involved in and now an investigator in trial net the NIH study to try to prevent type 1 diabetes and preserve beta cell function.
She was given the woman of valor award.
Welcome Dr. Francine Kaufman.
President of the American Diabetes Association.

>>FRANCINE KAUFMAN: Thank you, Nicole and thank you again all for being here.
What is this morning about?
It's about partnership.
It's about all of us working together to improve the lives of people with diabetes and to attempt to prevent diabetes in those at risk.
This partnership is vast.
It involves so many agencies of Health and Human Services, and the tremendous leadership of Secretary Thompson who has undoubtedly since he's been secretary of HHS has realized the importance of treating and preventing diabetes in our nation and in our world.
I think we all owe a tremendous amount of thanks to Secretary Thompson for putting diabetes, really, on the forefront and on the front page of our nation's papers, of our nation's consciousness.
And it is also about the partnership of the American Diabetes Association who not only has a tremendous number of people affected by diabetes in its membership but it has the entire professional group of physicians and nurses and nutritionists in this organization working with HHS to do these important studies that will one day show us not only how to better treat diabetes, but one day how to cure diabetes.
This morning's panel is about the treatment of diabetes.
Let me just tell you that it is incredibly complicated to treat diabetes.
For those with type 1 diabetes, particularly the children I care for in my practice, and let me just tell you that the other day I saw two twin girls, 14 years old, with type 1 diabetes.
One wearing a pump who checks her blood sugar eight to ten times a day.
Who watches what she eats.
Who calculates dosages of insulin five or six times a day to match her activity and her nutritional plan with her medical management.
That is a pretty awesome task for a 14-year-old.

Her twin sister who recently developed diabetes takes multiple injections of insulin every day.
Does the same number of blood tests, the same amount of calculations.
So that they can be healthy and well.
So that they can one day be mothers.
And so that they can one day go to college and they both want to be pediatric endocrinologist at this point in their lives.
At the same time in my clinic I saw a 14-year-old girl with type 2 diabetes.
This is a disease that was a disease of our grandparents until just recently.
Then one of our parents and now one of ourselves and now one of our children.
This girl weighs 220 pounds.
She has almost no physical activity throughout the day.
She doesn't have regard to her nutritional plan.
Her mother, her grandmother and her uncle all have type 2 diabetes.
She'll require first insulin and then a number of oral medications.
She must test her blood sugar as well.
We must convince her that to take care of herself and to take care of her family as well and hopefully they'll all learn by her example that they must alter their lifestyle if they're going to succeed with what her goals are, which is to one day become a mother, one day to go to college and to one day to become a pediatric endocrinologist.
So this is a very complicated event for people with type 2 diabetes.
They have to not only check their blood sugar and watch what they eat and their activity patterns, but they may take not only medications to lower their blood glucose.
They may need to take medication to control their blood pressure.
By the end of the day they could be taking nine or more pills.
These pills all have potential complications.
It's incredibly complicated to live that kind of regimen and we can imagine why there is so much failure still in diabetes management.
It requires support.
It requires resources.
And this requires access to a multi-dimensional health care team that can educate families.
And educate people with diabetes.
That can motivate people with diabetes and support them.
This requires access to a nutritionist who can teach people how to alter their lifestyle and it requires act -- access to health care providers to check out the eyes and the feet and to be sure that these people are healthy and well in their diabetes management.
This takes partnership.
This takes research.
This takes commitment of so many, many people and so many of you today.
And I'm so very pleased to now introduce the panel that will give us some individual focus and elucidation of the complexity of diabetes management and hopefully the reduction of diabetes complications.

Our first panelist is John Miall, Director of Risk Management from the City of Asheville, North Carolina.
He worked for six years for the City of Asheville as an employer.
He's been involved with a very innovative design for disease management for its employees under its health plan.
The program has achieved international recognition and continues to yield significant reductions in health care costs for workers with diabetes and their families.
And equally good results in particularly the utilization and improved quality of life.

>>JOHN MIALL: Thank you, good morning.
Greetings from the Tar Heel state.
I'm from city hall and I'm here to help.
[LAUGHTER]
Why do people always laugh at that?
I would like to begin by thanking our hosts for the opportunity to address this body this morning.
I have known my entire working career that if you want something changed, leave a woman in charge.
I left home Saturday and I suspect by the time I return home there won't be a piece of furniture where I left it and there will be rooms that are different colors.
I have learned over the course of my career that women are risk takers and that's a good thing.
I want to address very quickly this morning a couple of issues.
Most importantly the business of health care and how it relates to diabetes or the lack of care for diabetics.
Would be of the things Asheville embarked upon six years ago as an employer was to see if we could make a difference in our employees' lives and their families lives who suffer by diabetes.
It was driven by financial consideration.
It's a shame to admit today because we've seen huge, dramatic improvements in their lives as a result.
It has a win/win.
Insanity is doing the same thing over and over the same way and expecting a different outcome.
To a large extent that sounds like health care.
As an employer the City of Asheville, we see our health care costs increase from year to year.
We increase deductibles, premiums, co-pays, trying to avoid some of the costs.
And the next year our costs go up.
And the next year we increase deductibles and premiums and co-pays.
Historically that has been our response as employers and payers to the problems that diabetics and other disease patient represent to our plan.
We put a wall and said we'll stop the cycle in the City of Asheville.

What we did was through a true partnership with the School of Pharmacy at Chapel Hill.
Local physicians, the diabetes education center and our local hospital system, as well as community pharmacists have implemented a pharmaceutical care model for care.
In addition to seeing their physicians and getting diabetes education, our employees and their families who take part in this voluntary program are required to see their pharmacist once a month.
Glucose meters are downloaded, feet are checked and the information is provided to the provider network, to the physicians.
Through that gathering and sharing of information, which made it a little harder thanks to HIPA but we're managing to do it.
Several of the outcomes have been tremendous.
We just finished our sixth year.
We did six-year follow-ups last week where we drew blood and so forth.
Five years now we have seen an average A1C in that group of 100 diabetics below 7.50.
We've seen a 50% reduction in the sick leave utilization for our employees that are in the program.
We have seen a continued and sustained reduction of 26% in health care costs over the last five years.
If we laid that on a chart and overlaid it with what has happened to the rest of health care, one arrow would be markedly down while the other escalates up.
Our people now cost us less money than they did five years ago.
To bring it home, there are two very quick notes I would like to close with.
One is a lady whose name I use with permission.
MADGE.
She was one of our dispatchers in police and fire.
She and her husband and only son have all suffered from diabetes for many years.
When we ended our first year of the program and brought the folks together to look at how they were doing, she came to me with tears in her eyes and said, you don't know what this means, no one ever cared before.
And it was at that point in my life that I realized the operative word in health care is care.
For the millions and millions of dollars we pumped into a health plan every year, it wasn't enough.
People didn't care.
One of the incentives we put in place in the program is we told our people as long as you do the things you're contracting to do in this program we'll waive your co-pays under our drug card for your disease-specific medications.
Our folks are able to get free insulin, free syringes and free test strips.
What we found is there was a tremendous barrier between those people and the things that would make them well.
A gentleman whose name I don't have permission to use, I'll call him Allen.
He's a sanitation worker.

In Cities all over this country now there are people that are serving you as public servants who will never get rich doing what they do.
And when we saw Allen do better in the program, we questioned why of all the people in it, why does he seem to do better?
And our nurse had the answer.
She said for years he's come in here on Wednesday the middle of the week before pay day and he has enough money to get his insulin or buy his kids lunch for the rest of the week.
People will make those decisions about their lives and they'll show up on our bottom lines.
We have a chance to do something fundamentally different.
Together now with the American pharmaceutical association foundation under the executive leadership of Bill Ellis who is here today.
Bill and his folks have partnered, thanks to a generous grant from a pharmaceutical company, to implement a pilot program of the Asheville project in five major locations around the country.
Those locations and those tens of thousands of employees' lives will certainly never be the same again.
I want to thank you for the opportunity and look forward to spending some time with all of you today.
Thank you.
[APPLAUSE]

>>FRANCINE KAUFMAN: Thank you, so much.
You better be careful.
We may all move to Asheville.
Our next speaker is Suzanne Feetham, she's a senior adviser, Office of the Director at the Bureau of Primary Health Care, Health Resources and Services Administration.
Suzanne will describe several success stories of patients and families receiving primary health care in federally supported health centers participating in the diabetes health disparities collaborative.
The key elements of the care model are important for improving the health of individuals, families and communities.
Thank you.

>>SUZANNE FEETHAM: Thank you, I'm delighted to be here.
As noted I'm from HRSA.
It's known as the access agency.
Today I will share three stories from women and their families receiving primary health care at HRSA supported health centers.
With the stories I'll describe patients, families and how system factors contributing to the health of women with diabetes.
Over half of the HRSA-supported health centers participate in diabetes collaboratives and use the latest research to improve the quality of care and patient outcomes.

Our goal is that all health centers will participate in the health disparities collaboratives over the next few years.
We have a 65-year-old Hispanic woman who learned her blood glucose level was high after screening at a health care.
It is not uncommon, as noted today, for people to be unaware they have diabetes and in fact today there are 6 million undiagnosed people with diabetes in the country.
A few months after the screening Mrs. R and her daughter went to a health center in El Paso.
It was on a Saturday, the only day her daughter could drive her to the center.
At that time Mrs. R was diagnosed with diabetes.
When her family learned that she had diabetes, and that she had to make lifestyle changes they said, that's okay, we'll adapt to what you do.
We have found that successful changes in individual behavior are made possible by family support and the rewards are shared equally.
Today, Mrs. R states, I go to checkups at the health center because everyone treats me right.
The doctors, the nurses and others.
If I had given in to this I would be on a corner, -- in a corner not doing what I do today.
I sweep, mop, clean the house, and help my daughter with her three children.
I lead a pretty normal life.
You may ask, how did this happen?
The type of care Mrs. R receives is a result of the diabetes health disparity collaborative, an effort to provide patient and family-centered care in our health centers.
The collaboratives were developed as a response to a national effort to improve health outcomes for all people such as the 43 million in the country who are uninsured and the vulnerable people affected by health disparities.
Low incomes, homeless people, migrants and seasonal farm workers.
The expansion of the health centers was a goal set by 2006.
The health centers will reach 16 million persons in 6,000 care delivery sites around the country.
As noted in the next story the expansion efforts recognize the importance of the co-morbidity of chronic illnesses and the need for a wide range of services including mental and oral health.
The second story is about a woman.
Mrs. A is a 30-year-old obese woman who has chronic mental illness and arthritis.
She was under the care of a provider for her arthritis.
As can occur often with disease-focused care she was not aware of her risk for type 2 diabetes.
Through her primary care provider in our health center she was screened for diabetes.
She was found that she was at risk due to her weight.

After her pre-diabetes diagnosis she learned how her weight was affecting her health and she worked with a nutritionist to lose seven pounds.
In the collaborative she was encouraged to set goals for herself and have a clinical team to support these goals.
The prevention component of the collaborative emphasizes weight loss and 150 minutes of exercise per week.
Evidence has been noted today by the NIH study has found this type of lifestyle change is effective.
A significant part of our collaborative within months of the announcement from the NIH study the integration of these results were included in the care of our patients in our health centers, a pretty phenomenal outcome.
Attention to the risk for diabetes and screening for pre-diabetes is important at the health centers because we care for many women in the child bearing years.
Promoting -- the final story illustrates another important factor contributing to the quality of care with women from diabetes.
A culturally sensitive environment where competent care can be delivered is central to the health disparities collaborative.
Mrs. M is 73, Chinese woman with no insurance.
She also has type 2 diabetes, high cholesterol and hypertension.
She came to the health center in Honolulu with members of her family to see a nurse practitioner who is also Chinese.
At the self-management visit her family said now we understand my mom's illness we'll help her to work together and make her better.
She's now doing lifestyle changes by doing exercise three times a week and incorporates all the components of the diabetes collaborative.
The components demonstrate the multiple components necessary to achieve the success in women's improving health in women with diabetes.
It requires knowing which patients have an illness or need preventive services.
Delivery of evidence-based care and actively involved the patients and their families.
After four months Mrs. M had lost eight pounds and had significant reduction in her cholesterol and hemoglobin, a pleasure of blood glucose control.
This reduction in hemoglobin can cause a reduction in mortality, heart attacks and stroke.
Mrs. A's family is pleased with the care and recommends the center as a place for great diabetes and blood pressure care.
It's an example of how women are often the gate keepers for health care for family members at the community.
Through effective care management, women with diabetes in a HRSA-supported center have a better chance of leading healthier lives.
It is a challenge and a goal for our health centers to be the model for the primary health care in the United States.
You can see from these stories that we have systems in place to reach this goal.
Thank you.
[APPLAUSE]

>>FRANCINE KAUFMAN: Thank you so much.
And our next speaker is Carol Guber, a lecturer and author.
She was diagnosed with type 2 diabetes in 1998.
She does boxing.
Be careful.
She'll speak on implementing clinical information into an action plan that produces long-term lifestyle changes.

>>CAROL GUBER: Thank you.
Well, I'm so excited to be here today because when I'm writing at home in New York City, I feel like I'm the only person who has diabetes in the world.
And when I'm taking my blood sugar every morning or making the decisions about what I'm eating, I feel like it's only me.
So to connect with other people and to communicate what it feels like and also to present my action plan makes a real difference.
As Fran said I have type 2 diabetes.
I'm the fourth generation in my family to have type 2 diabetes.
It wasn't until I was doing research for my book on diabetes that I found out that my great grandmother had died of complications related to diabetes.
But she seems like somebody from some distant time.
I'm here dealing with my own diabetes and that of my mother, who has severe complications.
My mother can hardly see anymore.
She had a heart attack and no one knew it.
She's an encyclopedia of problems related to diabetes.
For years I taught at New York University in the Department of Nutrition.
So I come armed with all this information.
And I also come armed with a belief that why did it happen to me?
Well, it did and I've come up with five steps to do something about it.
In doing that, I've had to look at, really, how could I make my life different than my mother's?
And my mother, who has all these complications, all she wants to do now is sit in her uncomfortable chair, as she calls it, in Philadelphia.
I feel like I'm at the top of my game.
I've lost over 40 pounds and that's no small matter.
I do real boxing, among other things, in order to keep myself really healthy.
So in looking at this, I've decided that the most important thing is that I become an activist for my own health.
That I can't assign my power to anybody else.
I think sometimes women related to medical treatments tend to think somebody is going to come along and save them.
I thought the white knight would come and save me from everything in life.
It doesn't happen that way.
We have to be the activist.
It's what my determination has been.

I say to myself, how many I going to be the activist?
I have to get out of my chair and do something about it.
So in 1998 when I was diagnosed, I unzipped my life and decided to take steps.
What did I do?
The first thing is looking at my mother, I realized that this wasn't some short-term event.
That I was going to have diabetes the rest of my life.
It wasn't about some great little diet that was going to have me get into the dress for the wedding coming up, it was about how is it going to lead the rest of my life?
In looking at that I came up with a plan that worked.
And I also realized that small changes could make a difference.
I didn't set out to lose -- I'm about to lose 45 pounds.
I'm just at that level now.
I didn't set out to do that.
What I did was set out to lose the first five pounds.
I didn't set out to start boxing and work out as vigorously as I do.
I started by doing small changes.
By walking three times a week.
I always say a random road leads nowhere.
I had to come up with a plan.
That was the beginning of my plan and I added to it week by week until now I work out six days a week for at least an hour to two hours.
Mainly because I enjoy it and I've become quite a gym rat.
The other thing is that I had to reassess my priorities and I think women tend to be the caregivers and assign over to other people the top priorities.
I decided my health and my well-being was the top priority.
The other thing was I became fierce about my well-being.
If my son was upset or needed care I would have done anything.
I decided, I had to start taking care of myself with the same fierceness.
And here is the most important thing was I stopped blaming myself for my diabetes.
And I think that's critical.
Because women tend to blame themselves for everything.
My mother says that everything is her responsibility or she feels guilty for everything in life except for the atom bomb, which is her friend Blanche's fault.
I wasn't going to felt guilty.
I was going to make changes.
My commitment is that not only will I make these changes but I communicate them to other women so that we're all connected in a way that we can all make a difference and don't end up with the really severe complications that my mother has.
Thank you so much.
[APPLAUSE]

>>FRANCINE KAUFMAN: I would like to thank the panel for truly illustrating that with the appropriate strategies and support, this complex management issue around diabetes can actually occur to the optimum health of those people involved.
Now I think we have some time for questions if anybody has any.

>>AUDIENCE QUESTION: I'm Susan Wood from the Food and Drug Administration.
I have a question for all of you.
But speaking primarily about the health care system programs at HRSA and the City of Asheville.
What were your biggest barriers in terms of being able to set these kind of programs into place.
It sounded easy but I know it wasn't.
I just wonder if you identify what were the key challenges.

>>JOHN MIALL: I think the single largest challenge may have been to incorporate physician support by empowering pharmacists to do some hands-on care.
There was actually some early resistance.
What we found instead after just even one or two years was a very high level of physician support for our program.
We recently had a young lady that came to work for us and told us that her doctor, who is one of the endocrinologists in town, suggested she get a job with the City of Asheville so she could take part in the program for diabetics.
I think it's been a challenge.
We found you can integrate and coordinate all those pieces.
We have a health care system in this country right now that is second to none in terms of the capacity to provide care.
That it is disjointed and not knitted together in a good fabric to support people and their diseases is the challenge before us.

>>SUZANNE FEETHAM: For HRSA the major factor is the partnerships that we developed and that we followed a standard and developed care model which, as I mentioned, has multiple components.
As I visit the centers, the enthusiasm, they know they are providing the best care possible for their patient and family, it's very significant to them.
As we mentioned, the family and center focus is a very important component of this but also the fact that we use evidence-based care is important.
That we have designed the care delivery system to focus on patients and families, not just for the benefit of the time of day for the providers.
That we have some partnerships with our local government and community organizations and that's important.
It's a very multi-faceted total system delivery change.
It isn't just one aspect of the care of patients.

The outcomes you could hear in the stories from our patients and families, but also our providers are very excited about being part of this program.

>>AUDIENCE QUESTION: My name is Kristina with the American Pharmacists Association and I wanted -- appreciate the question that was asked because it does appear with all the data that supports pharmacist.
We spend a lot of our time advocating for medication therapy management services provided by pharmacists.
The barrier is financial.
Right now there are no -- very few ways in which pharmacists are paid.
It's when someone like the City of Asheville takes it upon themselves to pay pharmacists to provide these important patient care services.
We're working right now to include that kind of payment in a Medicare drug benefit.
It is also -- not only educating the other members of the health care team and the patient population in general, but it is also educating the payers for providing health care providers for those services.

>>AUDIENCE QUESTION: With all the different lifestyle changes that you've made, what has the impact been on your family?

>>CAROL GUBER: Well, it's a complicated issue.
I don't want to spill out my whole personal life but it caused a huge disruption in my family.
When I took a stand for myself, it sent shock waves all over the place.
In my family of five siblings, it has had almost no impact.
And it's really upsetting to me because it's sort of me and my mom and while everybody is worried about my mother and I guess there is some concern about me, I don't think that it makes the same difference.
It doesn't have the same impact until it happens to you.
And it's affected my mother in so many ways, yet I think everybody is really proud of me but I don't think that it's caused people to make the lifestyle changes in my family that I would hope they would make.

>>FRANCINE KAUFMAN: Maybe time for one more questions.

>>AUDIENCE QUESTION: Good, I'm always last.
I'm from the American Diabetes Association.
I was interested in the HRSA program.
I've had a chance to look at it.
Most people with diabetes in America do get their care from primary health care physicians and not specialists.
I guess my question would be, given what I think are very good results in the community health centers around the country, what can be done, what might be done to translate some of that collaborative work into the general population of physicians providing health care for people with diabetes?

>>SUZANNE FEETHAM: That's an excellent question and as I mentioned, one of the things we do, we are partnering with private groups and that is a factor. As we engage the physicians and other providers in our work, we're also publishing the results of our work and we're hoping that as that becomes more visible and the outcomes of our centers that we will have more private practice and other groups approaching us.
We are engaging family practice association.
So we hope our model becomes more well-known and people see the potential and benefit to the providers and patients and families by doing this.

>>FRANCINE KAUFMAN: I would like to thank you all and say in conclusion that obviously today is about people with diabetes, women, their mothers, fathers, daughters, sons and the men in their lives as well.
By collaboration and partnership between HHS and all of its agencies, the American Diabetes Association and the will to truly go forward to inform the American public, our elected officials so that we can improve the outcome of people with diabetes and one day truly find the prevention and the cure.
Now we're going to have some more PSA's thank you.
[APPLAUSE]

PSAs:
>> If you have diabetes, you know you have an increased risk of kidney disease, blindness and amputations but did you know that two out of three people with diabetes die from heart disease or stroke?
Fortunately you can reduce your risk of heart disease and stroke by lowering your blood sugar, blood pressure and cholesterol.
If you have diabetes, ask your doctor to tell you more about the link between diabetes, heart disease and stroke.
Call us.

>> Eight, nine, ten, ready or not, here I come.
>> Diabetes is a serious disease that can rob you of the things you take for granted.
You can lose a foot or leg to amputations.
You can go blind.
But there are steps you can take to control this disease.
Have your eyes checked once a year.
Check your feet for cuts or sores every day and at every checkup.
If you have diabetes, find out what you need to know from head to toe.
Call 1-800, diabetes today.
>> I could have diabetes>> And not even know it?
>> Why would I want to know?
>> Heart disease, amputations, strokes, blindness can all be caused by diabetes.
With early detection and treatment diabetes can be kept under control.

So it's critical that you know.
>> I didn't know.
>> Didn't know.
>> I didn't know.
>> Find out if you're at risk and what to do.
Don't be blind to diabetes.
Call 1-800-diabetes now.
>> You don't have to knock yourself out to prevent diabetes.
Get real.
If you're over 45 and overweight you can prevent diabetes.
Lose 5% to 7% of your body weight.
Get 30 minutes of physical activity five days a week and eat healthy.
Take the first step.
Talk to your health care provider.
Prevent diabetes.

(Spanish language PSA)
END OF PSAs

>>NICOLE JOHNSON: Well, welcome back.
Once again some of our efforts in education.
Want to give you a couple of other resources to acquire that information about diabetes and diabetes and women specifically.
Of course, here in this room we have a round of exhibits all the way around the room in multi-languages so you can find them in English, Spanish and other organizations that offer diabetes information in Asian languages and so on.
There is a website from the office on women's health.
It's 4women.gov.
Check it out and learn more about women's health and how diabetes is affected.
The American Diabetes Association's website is diabetes.org or 1-800-diabetes.
All of the organizations would be more than happy to help provide greater information about this important cause.
So as we continue with our Town Hall Meeting this morning.
We want to give you an overview of the Department of Health and Human Services diabetes and women's health programs.
To do that is Dr. Wanda Jones.
The Deputy Assistant Secretary for Health in the U.S. Department of Health and Human Services and the Director of the Office on Women's Health.
And since her selection in February of 1998, Dr. Jones has focused her efforts on eliminating health disparities for women through a variety of programs and initiatives, including the National Centers of Excellence in Women's Health, the National Community Centers of Excellence in Women's Health.
The National Women's Health Information Center and the Panel of Experts on Minority Women's Health.
Spearheaded many of those efforts.

In addition to those centers, she recently chaired a public meeting on the safety of dietary supplements containing ephedrin.
She had a three day young women's health summit for young women all over the country.
She's definitely up on this issue of women's health and how diabetes and women interact.
Dr. Jones has long been recognized for her leadership on these women's health issues both in the federal and state public health communities.
Prior to her current position, Dr. Jones was the Associate Director for Women's Health at the Centers for Disease Control and Prevention in Atlanta.
Please welcome Dr. Wanda Jones.
[APPLAUSE]

>>WANDA JONES: Thank you, Nicole.
My mother is here today and I'm so glad they wrote that introduction for me.
Thanks, Mom.
It may surprise you that the Department of Health and Human Services' budget is bigger than that of the defense department.
While we do stand as one department in addressing health and social service issues across this nation, within the department individual agencies specialize in areas that they particularly are expert at and in getting programs to people across this nation.
Some of those agencies you've heard of.
Agencies such as the National Institutes of Health, the Centers for Disease Control and Prevention.
The Food and Drug Administration.
The Centers for Medicare and Medicaid services -- formerly the Health Care Financing Administration -- and the Administration on Aging.
But some of these agencies -- other agencies within the department you may not have heard of but they're at work every day in your communities making a difference across the nation.
They include the Agency for Health Care Research and Quality.
The Indian Health Service.
The Substance Abuse and Mental Health Services Administration, the Administration for Children and Families, and the Health Resources and Services Administration.
If I've left anyone off the list I'll be looking for work tomorrow.
You may not realize that many of these agencies have a presence in regional offices throughout the nation which puts them even closer to the ground, as I like to say, where you, where I, where we all live our lives every day.
All the agencies are represented on the department's coordinating committee on women's health, all of whom are here today and who really deserve special recognition for leading this planning effort for this town hall.
In particular, Francis Asheville is my deputy and Dr. Susan Wood.
We're very proud of the department and the Secretary Tommy Thompson's leadership.

Our activities cut across all aspects of diabetes from research that helps us understand the causes and consequences of the disease, as well as the best treatment strategies to the provision of direct services, to payment for services provided for others, to education and information for health care providers, consumers and policy makers.
I'll provide you a few examples of these diabetes efforts today.
But you can learn more about those activities by checking the department's website at HHS.gov or for women-specific activities as you've already heard from Nicole.
4woman.gov.
In the research arena you've already heard from Dr. Fradkin that National Institute of Diabetes is the premier federal biomedical research institution for diabetes.
They have five major research efforts.
You heard about the diabetes prevention program that actually drives -- derives from a study that showed that lifestyle intervention was even better than the results of the drug that was tested as part of that study.
NIDDK is conducting an outcome study that will follow up the participants of the original studies for several years to come and see if the study outcomes are maintained and for how long.
NIDDK also supports look ahead.
Lifestyle intervention study intended to show whether modifications in physical activity, diet and other regimen can improve cardiovascular outcomes for owe bees participants with type 2 diabetes.
There is a study that is a 10 year study of participants from the diabetes control and complications trial which ended in 1993.
But that study, among persons with type 1 diabetes, was the first to show that intensive blood glucose control reduced the complications of diabetes and data over the first seven years of follow-up indicate that the benefits persist over time.
The benefits of tight management.
Of course, this is excellent news for persons who are working hard to control their blood sugar after their diagnosis of diabetes.
Because we know that significant quality of life issues arise as complications develop.
A pair of studies, one of which has now ended what was, because it looked at a drug now off the market.
A newer study just getting underway, there are studies of two drugs that reduce the increased insulin sensitivity.
The aim is to see whether the newer drug is able to reduce the risk of type 2 diabetes development among women who have a history of gestational diabetes.
And finally the research center in Arizona.
The Phoenix branch that has worked for over 20 years among the PIMA Indian population.

Their work was among the first to show that breast-fed infants were at significantly reduced risk of type 2 diabetes as they grew older.
We continue to learn things every day from NIDDK research.
Other institutes at NIH, however, are also pursuing critical questions in diabetes risk and management.
The National Institute of mental health is looking at the interaction of depression and chronic disease, including diabetes, finding that those who are most depressed show the lowest rates of adherence to dietary recommendations and as a consequence, reduced glucose control.
The National Institute of Cranio Facial Research is looking at the result of -- they're working with the National Institute of Child Health and Human Development on that particular study but that institute is also looking at other aspects of gestational diabetes hoping to prevent it and its complications for both mother and child.
Weight gain during pregnancy is a particularly relevant area of research because of the increasing prevalence of obesity in this country.
Aims to identify modifiable behaviors among pregnant women associated with excessive weight gain and high post partum weight redemption.
There is another syndrome for research.
PCOS is characterized by infertility.
For women with this condition who do become pregnant there is a very high risk of miscarriage.
NICHD is examining treatment to reduce insulin resistance as a means of reducing miscarriage among these women.
Understanding what is happening with children and teens also is critical because as you have heard throughout the day, their rates of obesity are increasing.
They have, in fact, doubled over the past 20 years.
NICHD research has identified impaired glucose tolerance in obese children as young as four years of age.
With rates ranging between 20 and 25% overall among children that they've studied between the ages of 4 and 18.
Research is also examining the interplay in determine body weight regulation and composition in children and particularly minority children.
I don't know if you all saw the article in the paper the past couple of weeks showing that obesity increased the risk for a number of different cancers which was news to me that really got my attention.
We know the risk of diabetes was increased with obesity.
But the National Cancer Institute also has a role to play in looking at the linkages between obesity, between diabetes and pancreatic, liver, breast, kidney and end oh meet tree all cancer.
Cardiovascular complications of diabetes are legendary.
To reduce those the National Heart, Lung and Blood Institute are collaborating on the accord study to try to reduce the risk, preparing type 2 diabetes adults with type 2 diabetes and preparing aggressive versus standard blood sugar control, combined with blood pressure and lipids.

We have animal studies, genetic research, clinical research and community interventions.
Another key research institution at HHS is the Agency for Health Care Research and Quality.
AHCRQ has funded several projects in collaboration with HRSA who you've heard from and other partners to better understand the quality of care of persons with diabetes and examining specific components of patient provider interaction that make all the difference in outcomes for the diabetic patient.
You've already heard of the direct service provision activities of the Indian health service in HRSA.
So I won't report that tremendous information provided by Dr. Acton.
HRSA is the repository for training in medicine and telemedicine and satellite training capacity that is helping us today reach thousands of professionals and consumers across the nation with this town hall.
The Centers for Medicare and Medicaid services provides preventive health coverage for persons covered under Medicare.
They include diabetic monitoring supplies, shoes, self-management training therapy and certain other services when referred by a health care professional.
Medicaid, a partnership between the state and federal governments, provides similar coverages, although there is a little bit of variation from state to state.
And finally, in the education arena the Centers for Disease Control and Prevention recently released the national public health initiative on diabetes in women's health.
It's the first ever national focus on the unique impact of diabetes on women and how it affects future generations.
Partners in the effort include other agencies of the Department of Health and Human Services, as well as the ADA, the American Public Health Association and the Association of State and Territorial Health Officials.
The house resolution that will be introduced today that congressman Nethercutt mentioned is an endorsement of this effort.
This spring and summer there are a number of activities underway to reach consumers to help educate them about risks and to help them take action in their lives.
One example particularly clever in Philadelphia where there is a health challenge.
A 12 week health challenge.
Participants get to take an imaginary trip to cities that have a different health message.
Portions mouth.
You get it.
Maybe we'll be moving to Philadelphia.
You heard about the administration rolling out it's take time to care about diabetes campaign.
Which is a tremendous collaboration between FDA, local health and social service organizations, pharmacies, senior centers, religious groups,

universities, women's groups, other federal agencies and a tremendously broad-based vital campaign.
Wrapping back around the very positive messages you heard earlier about the results of the diabetes prevention program, the efforts of small steps, big rewards, a collaborative effort between NIDDC and the CDA is helping everyone at risk for or living with diabetes, to understand how simple it can be to take control.
If there were a drug as effective as the lifestyle intervention we would all be lined up for it.
But our behavior is something very difficult to change.
It costs us almost nothing to change our behavior, and yet it is one of the hardest things we have before us.
How little action does it take?
We heard it doesn't take much.
If we don't, how will we or our children pay the billions of dollars diabetes already costs us?
You heard the estimates.
$132 billion today.
We must seize the opportunity to take those first steps, to move toward those big rewards of reduced risk for or complications from diabetes.
For every step forward we take, we'll be a healthier nation, a stronger nation, and a more secure nation.
One that we can proudly hand on to our children and our children's children.
Thank you.
[APPLAUSE]

>>WANDA JONES: Thank you so much, Dr. Jones.
Are you motivated here this morning?
What an incredible amount of information.
We have been blessed to gather.
There is so much that we can do to echo what Dr. Jones said.
I hope that you're taking it to heart and I hope that you're already developing your own action plans for your communities and your areas of influence.
As we move into the last section of the program, with our keynote address and other special guests I would like to introduce once again Dr. Cristina Beato.
The moderator.
She's the principal adviser and assistant to Secretary of Health on health policy and medical and scientific matters.
She supervises the related programs and activities within the Department of Health and Human Services.
She assists in the direction of the eight public health service agencies of the department, provides leadership and maintains relationships with other government agencies and private organizations concerned with health.
Dr. Beato has dedicated her professional life to improving the health and well-being of individuals, families and communities.

She's focused on leading the department's efforts to reduce health disparities, to combat HIV, aids and champion women's health initiatives.
She's certainly doing that.
She's served on numerous boards including the American Association of Medical Colleges, the American Association of Family Physicians and the State of New Mexico medical association.
Plus she speaks four languages.
My goodness.
Please welcome once again, Dr. Beato for the final portion of the program.
[APPLAUSE]

>>CRISTINA BEATO: Thank you, Nicole.
Does anybody need some water or break or anything before we start our noon hour?
Great.
I think we have had an extremely exciting morning and most of all an educational morning.
Each of our distinguished guests here today have worked to improve the health of women.
Our speakers continue to add value to the fight against diabetes on both the community and the national level.
I'm proud to into dues this afternoon our keynote speaker.
The panel of speakers we'll have.
Most specifically Deputy Secretary Allen.
Deputy Secretary has been an incredible mentor and boss for me.
He'll be joined by the Congressional Caucus on Women's Issues as well as the Congressional black and Hispanic caucuses.
Deputy secretary Claude Allen with the Department of Health and Human Services works very closely with Secretary Tommy Thompson.
On all major policy and management issues and serves as our department's chief operating officer.
Many of you have seen him on the road talking about women's issues, AIDS and something close to his heart which is the elimination of health disparities in our country.
We all know that women, especially women of color, are much more affected by many of these diseases, by diabetes being one of them.
Before joining the department and before being appointed by the President and confirmed by the Senate, Deputy Secretary Allen served at the State of Virginia Department of Health and Human Resources.
He has three children now.
And on patients' rights.
He played a role in reforming Virginia's welfare system.
He has a strong commitment to getting out the prevention message and a strong compassion to eliminate health disparities.
Please welcome my boss, Secretary Claude Allen.
Thank you.

[APPLAUSE]

>>CLAUDE ALLEN: Thank you, Cristina.
Good afternoon.
Good afternoon.
Make sure that you're on your toes and awake.
It is a privilege and honor to be here with you this afternoon and on behalf of the Department of Health and Human Services and our secretary, Secretary Tommy Thompson.
We have tremendous leaders in our department and Dr. Beato is one of them.
She's a rising star not only in the health and services department but in the health community nationwide and internationally.
It is such a privilege to have her on the team.
And Nicole Johnson, Miss America 1999, as a dear, good friend.
An honor to be here with you.
Someone in her own right has championed the causes of women's health particularly in terms of diabetes.
An honor to be here with you as well.
Ladies and gentlemen, it is a privilege to come to join you to talk on behalf of the Secretary.
Secretary Thompson wanted to be here today but he's in Geneva now at the World Health assembly and had to go there to work and he personally asked me to come and speak on his behalf.
As you know, Secretary Thompson is passionate about prevention and specifically about diabetes prevention.
He has made this one of the key initiatives at the department and I know that if he were here he would say many of the same things I'll tell you and talk with you about today.
That is that throughout our department there is a strong commitment to stem the growing diabetes problem in this country.
Especially among women and children in communities of color.
On the front lines of public health, there are some disturbing trends in the area of diabetes.
Over 9 million American women have diabetes.
That is over half of the 17 million Americans who have diabetes.
Diabetes is the sixth leading cause of death in the United States and a major contributor to heart disease, the number one killer of women.
African-American women, type 2 diabetes has reached epidemic proportions.
1 in 4 has diabetes.
Nearly twice the rate of white women.
African-Americans experience higher rates of at least three times of diabetes most serious complications, blindness, amputations of kidney failure.
25% of Hispanic women have been diagnosed with type 2 diabetes.
American Indian and native women have almost three times of risk of being diagnosed with diabetes as white women of similar age.

Gestational diabetes appears in 2% to 5% of all pregnancies especially among African-Americans, Latinos, American Indians and native Alaskans.
We're seeing children experiencing type 2 diabetes at alarming rates.
It was unheard of just a few years ago.
Diabetes is taking more than just a personal toll on individual's health.
In February Secretary Thompson and the American diabetes officials announced a new study that said people who suffer from diabetes in the United States spend 2.4 times as much on their health care as people who do not have diabetes.
Further, diabetes cost $132 billion in 2002.
Up from $98 billion just five years earlier.
Clearly, diabetes is a problem that is growing and one that we must address and take action on.
It is important that we engage women in particular and I thank you all of you for being here today to do just that.
To address women in this country and the men who care for them and love them and support them to focus on the importance of this topic.
You see, women are not only a population greatly affected by this disease themselves, but they are also usually the parent who makes the doctor's appointments, decide what the family eats and encourages children to get off the couch and get off the computer and get out on the playground or the soccer field.
Women are the ones who are making many of the health decisions in our households today and it is vitally important that we connect with them so that they understand the importance of this problem and how they can take actions into their own hands to make sure that not only do they not contract type 2 diabetes but not something that becomes generational.
This is a problem that cannot be solved simply by government, which is why we need partners like all of you in this room today to help us in finding solutions.
Indeed, it will take providers, communities, churches, governments, indeed all facets of our daily lives working together to stem the tide of this disease and all other diseases that can be either prevented or controlled with early treatment.
At HHS, Secretary Thompson always encourages us to work with partners.
Today is a good example.
The American Diabetes Association is our co-host and the Congressional Diabetes Caucus collaborated with us as well.
In the audience and on panels we have experts, researchers, celebrities, and even some folks that are just interested in learning more about what they can do to combat diabetes in this country.
I want to touch briefly on several of our diabetes projects that we're working on at HHS.
In March the Secretary introduced the national public health initiative on diabetes and women's health.
It has been a collaboration between the CDC, the American Diabetes Association, the Association of State and Territorial Health Officials, the

American Public Health Institution and numerous additional partner organizations.
The action plan provides us with a vision of a nation where diabetes among women is prevented or where it's on set is delayed whenever possible.
It outlines a feasible plan for making this vision a reality in our time.
We hope that the action plan will become a beacon for mobilizing the collective energies and resources of multiple entities to make a difference in the lives of women and their families who face the daily challenges of diabetes.
Again, Secretary Thompson is passionate about prevention of all diseases.
The president and secretary have begun steps to a healthy U.S. initiatives to encourage healthier diets and exercise as part of our routines.
The secretary is a strong example of this effort.
He keeps us all on our toes at the department to cut down on the cookies and making sure we're getting 30 minutes of exercise a day.
When he walks downstairs to the lobby out front you'll see people scattering because they don't want him to see them smoking in front of the building.
The secretary himself wears a pedometer to measure the number of steps he's taken each day.
He's lost over 15 pounds since starting his diet.
We can all learn from his example.
One of the things I spend much of my time on in the department is closing the health gap campaign to end disparities in health as we see in communities of color.
We're focusing on six health issues, areas that are ravaging communities of color today.
Diabetes is foremost among those but also infant mortality, cancer screening and management, heart disease, stroke, HIV/AIDS and child immunization and quality health care initiatives.
As I mentioned earlier diabetes is adversely impacting communities of color and women of color in particular.
A key part of the initiative is to urge Americans to get educated about healthy behaviors and to schedule a preventive checkup with a health care professional.
Just last week the department's office on women's health coordinated national women's checkup day and almost 700 community health centers, hospitals and on the providers joined us by offering their services.
This September 16th we're holding our second take a loved one to the doctor day in collaboration with radio personality Tom Joyner and ABC radio network.
We're getting communities of color to take control of their health by providing education, encouraging them to visit the doctor and to adopt a healthier lifestyle.
I hope and expect that each of you will go back to your communities and contact your local ABC radio affiliate to find out how you can be involved in helping to close the health gap.

All these efforts are to help people to take control of their health care and to work to prevent disease before it even has a chance to occur.
Our states continue to be partners, key partners with us, in our prevention efforts.
I want to thank the members of Congress here today for their support.
I'm also happy to say that Secretary Thompson announced today that the centers for disease control and prevention is awarding money to the 50 states and the District of Columbia for diabetes prevention and control programs.
[APPLAUSE]
This $27 million will allow states and territories to increase their diabetes prevention efforts and its use another part of what we are doing at the Department of Health and Human Services to help prevent diabetes across this country.
We have a lot of work to do, ladies and gentlemen.
I again want to thank you for being here today and for what you are doing to help.
Working together, we can make a difference in the lives of millions upon millions of women, men and children and the department stands ready to partner with you to do so.
I thank you again for allowing me the privilege of being with you today.
I look forward to working with all of you as we hope to make prevention a key word in everyone's household in this effort across the country.
Again, thank you and look forward to the conclusion of the conference.
[APPLAUSE]

>>CRISTINA BEATO: Thank you, Secretary Allen.
Next it is my great pleasure to announce representative Louise Slaughter from New York.
I think she needs no introduction with issues facing women today.
She serves as the Democratic co-chair on women's issues.
She's serving her 9th term.
She's been recognized in promoting health of women.
She serves on the subcommittee on budget process.
The select committee on homeland security and much more.
Welcome Congresswoman Slaughter.

>>LOUISE SLAUGHTER: Thank you very much.
I'm delighted to be here today.
I see so many people here that we've worked with over the years.
Particularly Dr. Wanda Jones has been a great help us to.
We did start the Office of Women's Health in the early 1990's and finally got it in statute so it won't be taken away again and we've seen great strides in both research and effects on women's health since that office was founded.
I'm delighted I got to hear Deputy Secretary Allen who brought us good news.
I'm happy to be here as the co-chair of the Congressional Caucus on Women's Issues.

I'm also a microbiologist with a master's degree in public health so I've had a longstanding interest in the unique health concerns of women.
I'm pleased our caucus was able to be a part of this meeting on such an important issue.
There is no word to describe what diabetes is in America other than epidemic.
9% of all women in our nation are living with this terrible disease yet tens of thousands of women with diabetes go undiagnosed.
This is particularly alarming because we can do so much to ward off the on set of diabetes in many cases.
Access to good health care services and the knowledge of good health habits could reduce many of the incidences of diabetes and other illnesses in women.
Proper patient education could also help women living with diabetes to manage the disease so that it does not interfere with their ability to function normally.
Unfortunately, as we all know, many women are so busy taking care of everyone else in the household that they often neglect their own health needs.
Women tend to be our society's nurturers, caregivers and thus it is ironic that women's health is so often at the bottom of our priority list.
Only within the last decade have we established the offices within federal agencies to research and serve the specific health needs of women.
Too often poor women suffer the most.
The rate of diabetes is significantly higher in the poorest neighborhoods and cities.
Where access to health care is limited and obesity rates are high.
New York City department conducted a study last year of the prevalence of diabetes in the city and found staggering disparities.
In the south Bronx 27.3% of residents are obese and 13.9% have diabetes.
5 percentage points higher than the national average.
In the wealthier upper east side of Manhattan less than 2% of the residents are diabetic and 7% lower than the national average.
Only 7% are considered obese.
Diabetes like many diseases affects us all but seems to hit our nation's low income women particularly hard.
Many of these women don't have the kind of medical treatment they need and deserve which is why it's doubly important that public education campaigns like this one continue to reach out and provide information on how to prevent and to manage diabetes.
We need to reach out to all women and particularly to poor women and women of color as Deputy Secretary Allen noted.
Not just in diabetes but in so much health care including yearly mammograms.
This is a battle where we share a common goal.
This is a battle we can win.
This is a battle to save our sisters.
And today my colleague George Nethercutt and I are introducing a resolution that encourages Congress to fully fund the proposed recommendations of the national public health initiative on diabetes and women's health.

And to direct the appropriate agencies and organizations to implement this strategy.
We will work with our colleagues to pass this resolution and to reaffirm Congress's commitment to preserve women's health and fighting diabetes.
In fact, if I could share one personal story.
Yesterday I flew down from my district with a young woman who had been visiting her family.
She's been a lifelong diabetic.
As we sat there in the short trip she had to check her blood sugar and give herself insulin.
There is damage to her eyes.
She's being great because she understands all the wonderful research that is going on.
She has some anemia right now and she's a candidate for an implantation into her liver which has the possibility of doing away with her diabetes.
That, ladies and gentlemen, is what happens when Congress works hard and puts in the research money.
It was a great opportunity for me to meet someone who will be personally benefiting from the work that all of us have done.
Thank you for all you do.
[APPLAUSE]

>>CRISTINA BEATO: Thank you very much.
Next we have a distinguished speaker J.D. Hayworth.
He's a neighbor of mine from Arizona.
He was elected to Congress in 1995.
In the year 2003 and he was named to the house action team modernizing Medicare for drug coverage for senior Americans.
He's one of the two panels with major jurisdiction over Medicare legislation.
He was instrumental that shared the bill for $150 million.
He helped pass that being a member of the State of Arizona, he understands from the southwest the issues we have with our Native American populations.
One of his top priorities is easing the growing burden of health care costs on retired Americans.

>>J.D. HAYWORTH: Thank you very much and thank you, ladies and gentlemen.
[APPLAUSE]
Such an honor to have you here in this historic caucus room and what an honor it is for me not only to address you but to follow my good friend from New York state Louise Mary Slaughter.
I listened to her remarks with great interest because to hear Louise talk about the fact that so often within a home and within a family structure women are dependent upon, really, in health care parlance, our primary caregivers.
It was especially the case for me growing up.

My mom had a dual role both as a public health nurse and dealing with my brother, my sister and I, which I think may have been the more demanding of the two roles she played.
But I can remember to this day.
I don't know, maybe I'll have to do an informal polling of the nurses in attendance today.
I found this when nurses come to my office they have such warm hearts that from time to time their hands are just a bit -- well, just a little cool.
I can remember knows nights I would be sleeping and mom would come in.
Work with me here.
If you could ever think me adorable.
Maybe in my mom's eyes.
She would put her hand on my brow and it was cold.
It was indicative of her warm heart.
Something that might be a bit unorthodox.
I find it's important to make sure we're on the same wavelength.
I would offer to you now a listener's acuity test.
You don't need a number 2 pencil or one of the computer sheets with the oval to fill out.
It's not like the ACT.
It's strangely similar to the mathematical word problems you may remember from school that you new and loved so well.
Here is what I would like you to do with this listener's acuity test.
I would like you to listen to the problem that I present to you and if you think you know the answer, raise your hand.
Now, I understand we have a demonstrative group here.
A group involved in advocacy.
Someone might be tempted to shout out an answer.
Please restrain those impulses and simply raise your hand if you think you know the answer.
To the problem I present.
Here now, ladies and gentlemen, your listener's acuity test to be on the same wavelength to meet the challenges we confront.
Listen closely.
You're driving a bus.
You go one mile, pick up two people.
Three more miles, pick up four more people.
Five more miles, pick up six more people.
What's the age of the driver of the bus?
A little nervous laughter ensues.
A couple of hands go up.
Maybe the fault is mine.
I know it is very dramatic today in this historic room with television cameras no less and my professional broadcasting.
Many people said I had a face for radio.
Listen closely if you would.

Listen closely.
You're driving a bus.
You go one mile, pick up two people.
Three more miles, pick up four more people.
Five more miles, pick up six more people.
What's the age of the driver of the bus?
A few more hands go up.
Obviously in response to peer pressure.
That's okay.
Maybe the fault is mine.
Let me try this once more if you are mystified by this problem.
Maybe it's the way I'm explaining it.
Listen closely once again to our listeners acuity test.
You're driving a bus.
[LAUGHTER]
Go one mile, pick up two people.
What is the age of the driver of the bus?
Ding ding ding ding ding.
And I will tell our television audience, there is a vast and sudden realization on the part of this distinguished multitude.
Let me explain to you why I used that in addition to being a shameless buy-in so I could have your attention here at the midday hour.
The reason I use the listeners acuity test is because so often in questions of public policy and dare I say public health becomes a question of emphasis.
What is it with we choose to emphasize.
So often in our old days of mathematics.
Not to indict any type of educational plan.
So often in a word problem the first sentence just established a premise.
Then you found the variables that were the key to solving a mathematical word problem.
In this real life test the key to solving the problem was found in the first premise.
You, you're driving the bus.
Until I chose to emphasize that, it was less than clear to many.
So the lesson I think applies to us all.
Republican, Democrat, independent.
Vegetarian.
Wherever we might find ourselves in the political spectrum.
When we're talking about public health, in the early 21st century, as we take stock of what has gone on with the incredible strides we made, still there remains the challenge of diabetes.
Indeed, with the public there is a grand misnomer because many, although there are widespread effects.
Those who have been free of this or maybe not found in their immediate families, labor under the delusion that management of this disease is synonymous with a cure.

Diabetics and families of those who are diabetic will tell you nothing could be further from the truth.
I was asked to join you today as the introductory remarks reflect not only as a member of ways and means committee, primary jurisdiction over Medicare and Medicaid, but also as co-chairman of the Native American caucus.
When I arrived in Congress nearly one in four of my constituents in Arizona were Native American.
To understand for Native American women the statistics are all too clear and indicate where we need to place our emphasis.
Diabetes in terms of Indian health care, has placed an incredible strain on the tribal health care system.
Over 15% of American Indians and Alaska natives have diabetes.
Type 2 diabetes among American tribes is 12.2% of those 19 years of age.
Compared to 7.3% prevalence rate for all United States citizens.
In my home State of Arizona, the PIMA Indians have the highest rate of diabetes in the world.
About 50% of those tribal members between 30 and 64 have diabetes.
We were able to increase funding for diabetes programs for Indians.
We approved $75 million in funding and extended the program for an additional five years.
This record investment is important because we're coming to understand as a policy of -- as a priority of public health and as an emphasis, if you want to deal with blindness, if you want to deal with kidney disease, if you want to deal with amputations, if you want to deal with the other problems that come, deal first with diabetes.
Place the emphasis there and alleviation of the other problems will follow.
We'll continue on this mission.
Thank you, god bless You.
God bless America.

>>CRISTINA BEATO: Thank you, congressman Hayworth.
Next it's my great pleasure to introduce Congresswoman Hilda Solis from the state of California.
Serving on the Hispanic task force on health and also on the Caucus for Women's Issues.
She serves on the energy and commerce committee becoming the first Latino to do so.
Please help me welcome her.

>>HILDA SOLIS: Good afternoon.
I'm very pleased to be able to be with some of you here today to talk about a very important issue.
I want to thank the sponsors of this conference.
I know you'll be talking for at least two days about this very important subject.
Really, focusing in on how we can get funding to help prevent this serious disease.

I worked very long, hard hours in the California state legislature to try to see reforms made in the area of prevention.
I worked with Dr. Frank Kaufman for several years to resurrect legislation to help in the treatment of diabetes.
I'm pleased to see that you all are providing literature to different minority groups.
Language minorities, especially the Hispanic population, which I am a part of.
I don't need to tell you what the statistics are but they're devastating.
Many of our young children are faced with diabetes type 2 and what we need to do is really push home the message so that women, family women, women that have children, Latino women and other minority women understand they can be teachers.
They can be the tool to empower their children to tell them that better eating habits will make them better, stronger more productive and changing that whole behavior.
It doesn't happen easily.
Many of these families are pushed to the brink because they have two parents working.
Many working minimum wage jobs.
They don't have the luxury to go out and really select the better products from which to eat.
And I can tell you that it's rather sad to see the statistics going the other way that diabetes is on the rise in our community and obesity.
And every single day in the Los Angeles Times or the Tribune where I live in L.A. county we keep hearing all these reports.
Problems that we have with managing our weight, our nutrition and then the cutbacks in these very critical programs.
I'm very sorry to see that this administration isn't moving strong enough in the area of prevention and diabetes has to be number one.
I don't care what ever ethnic minority group you are, we have to make this a number one cause for us to combat because it keeps rising and it will cost our whole lot.
I would love to have more copies of this for my district and I'm sure others would, too.
Thank you so much.
[APPLAUSE]

>>CRISTINA BEATO: Thank you, Congresswoman Solis.
Representative Gene Green was elected to Congress.
He was appointed to the house energy and commerce committee in 1996 and currently serves on four subcommittees.
Including the subcommittee on health which focuses on public health, hospital construction, mental health and research.
Medical programs as well as health protection in general.
Welcome Congressman Greene.

>>GENE GREEN: Thank you.
I want to welcome you and thank you for what you do and glad the ADA is hosting this event because it makes it easier for us on Capitol Hill to try to continue to raise the awareness of this serious illness.
We know 17 million Americans are affected by diabetes.
We know and you've heard from other speakers about the cause of blindness, heart disease and stroke and kidney failure and lower limb amputation.
And a host of other things.
We also know that 55% of diabetics are women.
9 million women.
It's prevalent among certain minority populations.
Native American, African-American, Latino populations.
I've represented 60% plus Hispanic district and diabetes is something we work with every day in the local community but also here.
It's widespread.
We all know a neighbor, friend or loved one who has diabetes.
But what's more important is we have what's estimated as six million people who have diabetes but don't know it.
And then we have 16 million people who have a condition called pre-diabetics.
That's even more important so we need to raise the awareness.
Events like this, as well as in our districts, on the risk of diabetes and what needs to be done.
For example, Medicare doesn't cover diabetes screening.
And even if the patient has a risk factor of obesity, sedentary lifestyle, family history and other factors.
It doesn't -- Medicare does pay for dialysis and the complications.
If we don't address the need for identification.
By getting these individuals identified early we can reduce the complications and lower the cost ultimately to the taxpayer and the Medicare recipients.
That's why this week later this week before Congress leaves for our memorial daybreak I'll introduce legislation require Medicare to cover diabetes screening for all at-risk individuals.
I think it's an important step in our fight against this disease and I'll fight along with the members of my committee and everyone here today for its enactment.
The Congressional Diabetes Caucus, I'm proud to be a member of that and work for increased funding for diabetes research so a cure can be found.
In 1999 the diabetes research working group recommended NIH spend -- increase its funding, spend only $443 million.
Now NIH is estimated to invest $860 million.
What you're doing is working.
Keep it up.
We need to go as far as time. 5 billion is what we're recommending.
I'm proud to be here today.
Thank you for providing your support raising the intensity here but also in our districts.

Thank you.
[APPLAUSE]

>>CRISTINA BEATO: Thank you, Congressman Green I would like to ask Dr. Kaufman to join me now for a few questions and then we'll be wrapping it up.

>>FRANCINE KAUFMAN: Well, this is kind of impromptu.
Let me just tell you what I think a very exciting study that the NIH is funding looking at both the prevention and the treatment of childhood type 2 diabetes.
Again, let me tell you that this is a new disease process for us.
When I became a pediatric endocrinologist a long time ago certainly in the 1980's and the early 1990's most of us had no pediatric patients with type 2 diabetes or maybe an occasional one came by most of our clinics.
By the mid-1990's, that percentage of children diagnosed with diabetes who had type 2 diabetes and they got that because of their genes and the way they lived their lives.
So all of these children who present with type 2 diabetes are essentially obese or overweight and usually very sedentary in their behavior.
Have usually a very strong family history of type 2 diabetes as well.
This percent started to rise so that now at the -- this last year about 1/4 of children diagnosed with diabetes in the country now have type 2 diabetes.
A decade ago almost none of them did.
This is due, again, to changes in lifestyle.
These children for the most part are much more sedentary.
They're exposed to diets.
We all know what they consist of.
We know what has happened in some of the schools across the country where the nutrition plan isn't very good.
Junk food is sold.
P.E. programs have been eventually cut down in some significant way contributing to this problem.
We've seen this huge explosion of children with type 2 diabetes.
The NIH in its infinite wisdom has looked to try to both learn how to treat these children, assuming that children aren't always the same as adults.
They're not just smaller adults.
In fact most of these children are over 200 pound so they're not small at all.
To look to be sure a lot of these children still have to grow and finish their development that the treatment is truly the same and that it's safe and that there might be ways that we could actually improve these children's long term options.
If we don't they'll suffer the devastating complications of diabetes by the time they're in their late 20's and early 30's.
We could expect that they may have already effects to their eyes, nerves, kidneys and that they may have already heart disease.
Significant heart disease and perhaps become, you know, markedly affected from these long-term complications as very young adults.

For the women in the midst of their reproductive years.
We'll start a trial at 12 centers across the country trying to determine how best to treat these children and simultaneously we'll start trials looking to see if we can use school as a way to help prevent type 2 diabetes in children.
So what this will entail is we'll look at schools in three states in the country. And look to kind of change some of what happens in school around nutrition, around health education, around motivating students and around physical activity programs inside the school.
These trials are just being organized now and hopefully with the effort of the investigators, the collaboration of families across the country willing to participate in these trials to find out what we need to know for a healthier future for our country, that we'll be able to make significant inroads in both the prevention of type 2 diabetes in children and the treatment of type 2 diabetes in children before they become adults.
And I think that's -- I'll end there and let--

>>CRISTINA BEATO: Does anybody have any questions for Dr. Kaufman?

>>AUDIENCE QUESTION: I don't have a question but I would like to make it a point to let everyone know that CDC, along with our co-sponsors the American Diabetes Association, American Public Health Association and the Association of State and Territorial Health Officials have recently released an action plan to deal with the issues that have been discussed earlier today and throughout this day on diabetes and women's health across the life stages from adolescents to the older years.
I want to make sure everyone knows about the action plan and that you know we're planning a call to action conference in August, most likely August 26, 2003 to begin implementing the strategies outlined in this action plan.
We look forward to working closely with everyone here and those on satellite. Thank you very much.

>>CRISTINA BEATO: Any other comments or questions?
Well, that, I think, draws us to the end of our show and with that I would like to say a few words.
I'm here again representing Secretary Thompson and I believe that as a physician and a public health expert, solutions are found at community levels. I think that women are an incredible catalyst not just for taking care of ourselves, but also taking care of our children and taking care of our families. And challenge the men that love us to also take care of us and themselves.
This administration from finishing the NIH for basic research, we spoke a lot about type 2 diabetes but we're still working very hard on type 1 diabetes. With that incredible resource put in, if we don't have the dollars to invest in research and ask the right questions, it is going to be very difficult to get good studies done with good outcomes that we can translate at the clinical bedside. To type 2 diabetes, which is a phenomenon, like Dr. Kaufman said, 10 or 15 years ago was unheard of in children.

The only difference is lifestyle.
Women have an incredible ability to influence the lifestyle of our children, whether it's volunteering in our communities, whether it's educating ourselves in the nutrition of our children, whether it's encouraging the allowance money doesn't end up in the pop machine at school.
Whether it's our asking our school boards and demanding more physical education or creating environments in communities where children can go play and turning off the TV.
The American child spends anywhere from four to six hours a day watching TV or playing video games.
There is an incredible epidemic of diabetes.
A lot we can't control whether it's a genetic form but there is a lot we can influence to control and the study that was unveiled last year by NIH and sponsored and championed by Secretary Thompson shows how simple changes in lifestyle can help adults, specifically women, women of color, of all ethnic minorities, of how we can grab back our health and prevent this disease from afflicting our lives.
The stories they shared with us today are incredible.
Whether it's having diabetes knocking or on your head and taking that commitment to lose weight until I grabs at your heart when you see a friend die after being cut up pieces before you kind of sink in that I still have an opportunity to not succumb to this kind of disease.
To the women that saw it from her mother's eyes and sort of saying, I don't want to be there after she got the diagnosis.
These are incredible tales of courage and I want to thank these women for sharing their experiences with us.
Thank you.
[APPLAUSE]
Truly in our nation we have incredible number of physicians and researchers, whether they work at NIH doing basic research or working like my colleague at the Indian Health Service during translation research in a behavior science method.
What you're seeing here, we'll focus in this administration on evidence-based resources.
They're scarce and they won't keep growing in the next years in parallel to this disease.
We'll have to become smarter.
$27 million announced today is a good start but it won't be enough.
Government and public/private partnerships have got to be strengthened and we have to reach out more and become more inclusive in how we create systems at community levels where solution happens.
To meet the needs of our communities as well as those that may face more challenges because of their ethnic and racial diversity.
I want to say something that has been a pleasure to share this day with you.
It is the first women's and diabetes Town Hall Meeting that we've had.

I know we'll have another one next year and I know it will be bigger and better and I want to thank the incredible hours of many of the ladies that made this possible.
I already mentioned Susan and Wanda and Francis but a lot of public affairs people, Linda, Leslie, Christine, they all worked very hard to make this possible for us so we could share, learn and sort of go out there and challenge women, educate women, challenge our communities, educate our representatives.
This administration, Tommy Thompson has heard it and lived it.
It has never taken a spot in this administration.
When you have a President that came out with health care U.S. and a Secretary trying to change the culture of medicine and health care delivery really focusing on prevention in this country.
It has been my pleasure to host you today.
I hope to continue being a partner with you.
May god bless you and bless our great nation.
Thank you.
[APPLAUSE]

>>NICOLE JOHNSON: How wonderful has this been?
Have you enjoyed it?
[APPLAUSE]
I certainly have as well.
We have several members of Congress that still do want to come in and spend some time with us and to greet all of you who are here.
So what we'll do in the meantime as we're waiting for them to come back from the votes.
You can hear the buzzing in the background.
I'll invite everyone who served on a panel today to please stand.
We invite any of you to ask any questions of the microphones to these individuals on the panel.
We have the consumer folks and the various professionals and we'll moderate that for the time being.
The next couple of minutes.
Five to seven minutes as the various members come in to visit.
So -- Panelists and does anybody have any questions for these folks?
Well, actually, we'll just have you hold on that because we're seeing some changes.
Here in the room.
As everyone gets prepared.
Let me introduce Congresswoman Sheila Jackson Lee just walked through the doors.
Let's invite her up to the podium to share with us and greet this group.
[APPLAUSE]

>>SHEILA JACKSON LEE: Nicole, thank you very much.

Let me first of all say that in the light of a very busy schedule I'm here because I care and because of you.
Laying in a hospital in Houston, Texas, is a very popular radio personality.
And, of course, all of her friends were very concerned about her hospitalization.
I took it upon myself in the course of running from place to place to give her a phone call.
I thought -- you might have thought that I was giving her good wishes but I was admonishing her to take care of herself, to take her medicine, to be diligent.
What I'm grateful for is the people in this room are diligent.
And that you are watchful.
That you're careful and that you're energized.
I'm excited because she is in the hospital room because she is suffering from diabetes and the impact of such.
Busy in her schedule.
Popular in all.
A lot of friends but yet she's hospitalized now for at least three weeks.
This meeting could not be more powerful and more important.
Oh, yes, we're on the floor of the house trying to save the forestry of America.
The middle of the debate about homeland security.
We may move from a yellow alert to orange alert and god forbid we move any higher.
We see terror acts.
There could be no better and higher responsibility than it is in this room to save lives.
I am so extremely pleased with HHS for the work that is done over the years.
The Clinton administration and now presently in being able to lay out a road map for where we should be.
Proud of women who have come together who are able to say we will not be denied.
And proud to be a sponsor of HR1068 and HR1916 that deals with preventing and curing diabetes and to promote and improve the care of individuals with diabetes.
And I would ask you to support that legislation HR1960 deals specifically with the cure and prevention of diabetes.
And then HR1068 deals with the increase in supply of cells for research.
Those are our two strongest, I think, challenges of today.
One, how can we just preach common sense to women in America and to those who are suffering from diabetes?
How can we simply say, this is how you improve your health or this is how you prevent it?
How can we foster the research so that almost every disease -- I've said this before when HIV was raging.
Let's not have disease fights.
What disease is worse than the other.
Lupus, cancer, HIV/AIDS, stroke, heart disease, diabetes.

There is no room in America for disease fights.
There is only room for disease collaboration and disease prevention and disease cure.
And so you have among many other friends in the United States Congress Sheila Jackson Lee from the State of Texas recognizing the high degree of diabetes problems and impacts in the African-American community, in the Latino, Asian and Anglo community.
This is not an isolated issue but an American issue.
I would encourage you to the American diabetes society to continue it's ongoing fight.
To thank all the heroes in this room.
It is not the wall flower that gets heard or the person that's off to the side accepting criticism and then suffering under it.
It is the person that remains unbowed and unbarred.
Standing amongst the critics and standing to be heard.
I hope that this session today with all those who have come to encourage you will give you the inspiration to remain strong, to be able to stand where there is a necessity to stand.
But I'm looking at you and I see eagles in this room.
I would challenge you to sore high where the eagles fly.
Never let your voice be silent.
In the century there should be a commitment, in my name we'll find a cure for Americans -- for diabetes in America and as well we'll accept the challenge to prevent the disease from spreading further and further in this nation and around the world.
Thank you very much and thank you for having me.
[APPLAUSE]

>>NICOLE JOHNSON: Thank you so much, Congresswoman.
Well, it's nearing the end of our broadcast and our time here together.
We started out the day with a quote that I had found that talks about desire.
And I think it's even more poignant as we compare that to all the things we've heard today.
It says you can have anything you want if you want it desperately enough.
But you must want it with an inner exuberance that erupts through the skin and joins the energy of the world.
I think we really do want for women to have better health care, don't we in we really don't want for diabetes to be ended.
And we really do want the women who are living with diabetes right now to live wonderful, healthy, vibrant lives to be able to do anything they want to do, to be able to have wonderful families and to rid the fear that often torments and tortures those individuals that live with chronic illness.
I think we've started the process of accomplishing that goal here today.
Would you agree with that?
[APPLAUSE]
There is one more phrase that I want to end you with.

I have adopted as a life motto.
I would have never participated in the Miss America competition had it not been for diabetes and never been here today if it were not for diabetes.
I view it as the greatest blessing in my life.
However, I also credit it with teaching me a great deal about action and vision.
I think this is a good way to send you off on your way armed with the information from today.
It's a vision without action is only a dream.
Action without vision merely just passes time.
But vision with action, that's what changes the world.
That's why we're all here.
Thank you for being part of this first-ever event between the American Diabetes Association and the various HHS agencies.
We certainly have enjoyed having you here and we look forward to the next event in the next year or so.
Please visit all the exhibits around the room and gather as much information as you can carry out of here with you.
God bless you.
[APPLAUSE]

[END]